



2014-2017Community Health Assessment

Niagara County Department of Health
November 2013



Introduction

Development of the Prevention Agenda 2013-2017

The New York State Public Health and Health Planning Council's Public Health Committee established an Ad Hoc Committee to lead the development of New York's next five-year state health improvement plan for the period 2013-2017. The Ad Hoc Committee established five priority committees and a steering committee to develop priority specific action plans.

There are five major goals for the plan.

1. The first goal reflects the overall purpose: to improve health status in the 5 selected areas and to close important disparities (such as those related to race, ethnicity, socioeconomic status, and disabilities) in those areas through the interventions that are evidenced based.
2. The “broader determinants of health” are factors like education, income, and housing that have been shown to directly influence a person’s health status. Lower educational attainment, lower incomes, unstable housing, all relate to poorer health. The idea of “health in all policies” captures the fact that governmental policies that address many aspects of our daily lives and the conditions in our communities can have a positive or negative influence on our health. The Plan aims to raise awareness and promote action and accountability for the health impacts of public policies and investments in multiple sectors.
3. The governmental public health infrastructure consists of the NYS Department of Health, the NYC Department of Health and Mental Hygiene, and the other 57 county health departments. They play a leading role in organizing and financing public health programs and interventions, developing policies and in some cases leading community coalitions to address health issues. The non-governmental public health infrastructure includes not-for-profit organizations that support, or in some cases lead, public health efforts in communities. Both types of organizations need to be strengthened to achieve public health improvements.
4. This goal addresses the fact that, to be successful, public health interventions need to be embraced by organizations, inside and outside of government, that agree to work in partnership.
5. Goal 5 looks toward further advancing the case for investment in prevention. **More than 90% of our current health system investments go toward treating disease, but investing in disease prevention is the most effective, common-sense way to improve health.**

New York State Releases Health Improvement Plan

At a press conference in April of 2013 New York State Commissioner of Health Nirav R. Shah MD, MPH, stated “The Prevention Agenda 2013-17: New York State's Health Improvement Plan - serves as a blueprint for local community action to improve health and address health disparities. The Agenda is the result of a unique collaboration of more than 140 organizations - hospitals, local health departments, health providers, health plans, employers, schools and others - that identified key priorities in the statewide plan of action.”

“Creating an effective public health strategy requires setting clear goals, promoting active collaborations, and demonstrating an



unwavering commitment to address factors that affect the health of individuals, families and communities," Commissioner Shah said. "The Prevention Agenda establishes a strong course of action, including measurable goals and targeted interventions, to improve public health; we look forward to working with our partners to make New York the healthiest state in the nation."

The Prevention Agenda identifies key strategies and interventions to address critical health issues and reduce health disparities in five priority areas:

Prevent Chronic Disease

Chronic diseases such as cancer, heart disease, stroke and asthma are among the leading cause of death and disability for New Yorkers, accounting for approximately 70 percent of all deaths. In addition, chronic diseases affect the daily living of one out of every ten New Yorkers. Key focus areas include reducing obesity in adults and children; reducing death, disability and illness related to tobacco use and secondhand smoke exposure; and increasing access to high-quality chronic disease preventive care and management in clinical and community settings.

Promote Healthy and Safe Environments

Enhancing the quality of our physical environment – air, water and the "built" environment – can have a major impact on public health and safety. The Agenda establishes four focus areas to achieve this objective: improving outdoor air quality; increasing the percentage of New Yorkers who receive fluoridated water and reducing health risks associated with drinking water and recreational waters; enhancing the design of communities to promote healthy physical activity and reducing exposure to lead, mold and toxic chemicals; and decreasing injuries, violence and occupational health risks.

Promote Healthy Women, Infants and Children

Recognizing that key population indicators related to maternal and child health have remained stagnant, or in some cases worsened in the past decade, the Agenda has established focus areas for maternal and infant health; child health; and reproductive, pre-conception and inter-conception (between pregnancies) health. Agenda goals include reducing pre-term births and maternal mortality; promoting breastfeeding; increasing the use of comprehensive well-child care; preventing dental caries in children; preventing adolescent and unintended pregnancies; and promoting greater utilization of health care services for women of reproductive age.

Promote Mental Health and Prevent Substance Abuse

At any given time, almost one in five young people in the U.S. is affected by mental, emotional or behavioral disorders such as conduct disorders, depression or substance abuse. The Agenda recognizes that the best opportunities to improve mental health are to initiate interventions before a disorder manifests itself. The Agenda calls for greater utilization of counseling and education; clinical and long-lasting protective interventions to promote mental, emotional and behavioral well-being in communities; preventing substance abuse; and strengthening the infrastructure across various systems to promote prevention and better health.

Prevent HIV, STDs, Vaccine Preventable Diseases, and Healthcare-Associated Infections

The Agenda strategy will promote community-driven prevention efforts to promote healthy behaviors, increase HIV testing, and reduce the incidence of diseases. The Agenda focuses on promoting early diagnosis and treatment of HIV and sexually transmitted diseases (STDs); improving rates of childhood immunizations, especially children aged 19-35 months; and encouraging greater utilization of sanitary procedures in hospitals and other health care facilities to reduce the potential for healthcare-associated infections.

The 2013-17 Prevention Agenda priorities build on efforts undertaken through the 2008-12 Prevention Agenda for the Healthiest State. In the previous Prevention Agenda, local county health departments and hospitals were required to choose priority areas and collaboratively address these selected public health priorities. This collaboration among these entities set the groundwork for the current requirements of the 2013-2017 Prevention Agenda.

The Prevention Agenda requires that hospitals complete a Community Services Plan, the local health departments to complete a Community Health Assessment; and together develop a Community Health Improvement Plan. Guidance was provided by the New York State Department of Health, and in Niagara County technical assistance and group facilitation was provided by P² Collaborative of WNY (Pursuing Perfection). Each hospital appoints staff to complete their Community Services Plan. The local health department utilizes the services of the Public Health Educator to complete the Community Health Assessment. The members of the Niagara County Community Health Improvement Plan Group are listed below.

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The Community Health Assessment was written by the Public Health Educator from the Niagara County Department of Health. References and data sources are included at the end of the assessment. Many of the data sources encompass various years and methods of reporting. Therefore, while reviewing the assessment, there may seem to be discrepancies in data comparisons. However, in compiling information for this assessment, the most current data available was used. Terms for specific ethnic groups may differ in some of the reporting however the terms are consistent with the data sources.

The Niagara County Department of Health would like to acknowledge the P² Collaborative of WNY for their assistance in the organization and facilitation of the Community Health Improvement Plan group.

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1. Description of Community Being Assessed

Demographic and Health Status Information

Overall Size

Niagara County is located in the extreme western part of New York State just north of Erie County and to the west of Orleans County. It is adjacent to Lake Ontario on its northern border and the Niagara River and Canada on its western border. The primary geographic feature of the county is Niagara Falls, which serves as a tourist site as well as for hydroelectric power purposes. According to the U.S. Census Bureau, Niagara County covers 523 square miles. There are 3 bridges and 2 train trestles that connect Niagara County to Canada. The county includes 26 cities, towns and villages, along with the Tuscarora Indian Reservation. Niagara Falls, North Tonawanda and Lockport are the most populated cities respectively

The 26 towns, cities, villages and hamlets in Niagara County, as well as the Tuscarora Reservation, are listed below with US Census 2010 population totals.

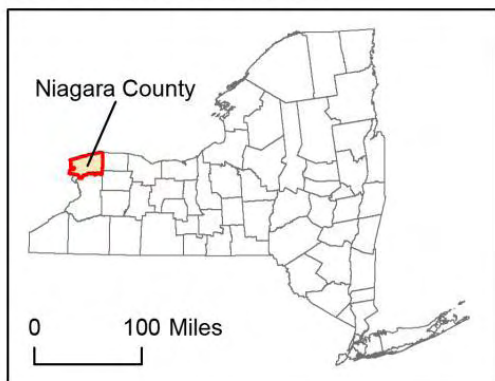
Locality	Population	Locality	Population
Barker(village)	533	Cambria(town)	5839
Gasport(CDP)	1248	Hartland(town)	4117
Lewiston(village)	2701	Lewiston(town)	16,262
Lockport(town)	20,529	Lockport(city)	21,165
Middleport(village)	1840	Newfane(town)	9666
Niagara Falls(city)	50,193	Niagara(town)	8378
Olcott(CDP)	1241	North Tonawanda(city)	31,568
Pendleton(town)	6397	Porter(town)	6771
Ransomville(CDP)	1419	Rapids(CDP)	1636
Royalton(town)	7660	Sanborn(hamlet)	1645
Somerset(town)	2662	South Lockport	8234
Wheatfield(town)	18,117	Wilson(village)	1264
Youngstown(village)	1957	Tuscaroara Reservation	1138

Niagara County, NY

Towns, Cities, Indian Reservations, and Incorporated Villages



New York State Counties



Legend

- Village
- Town
- City
- Indian Reservation

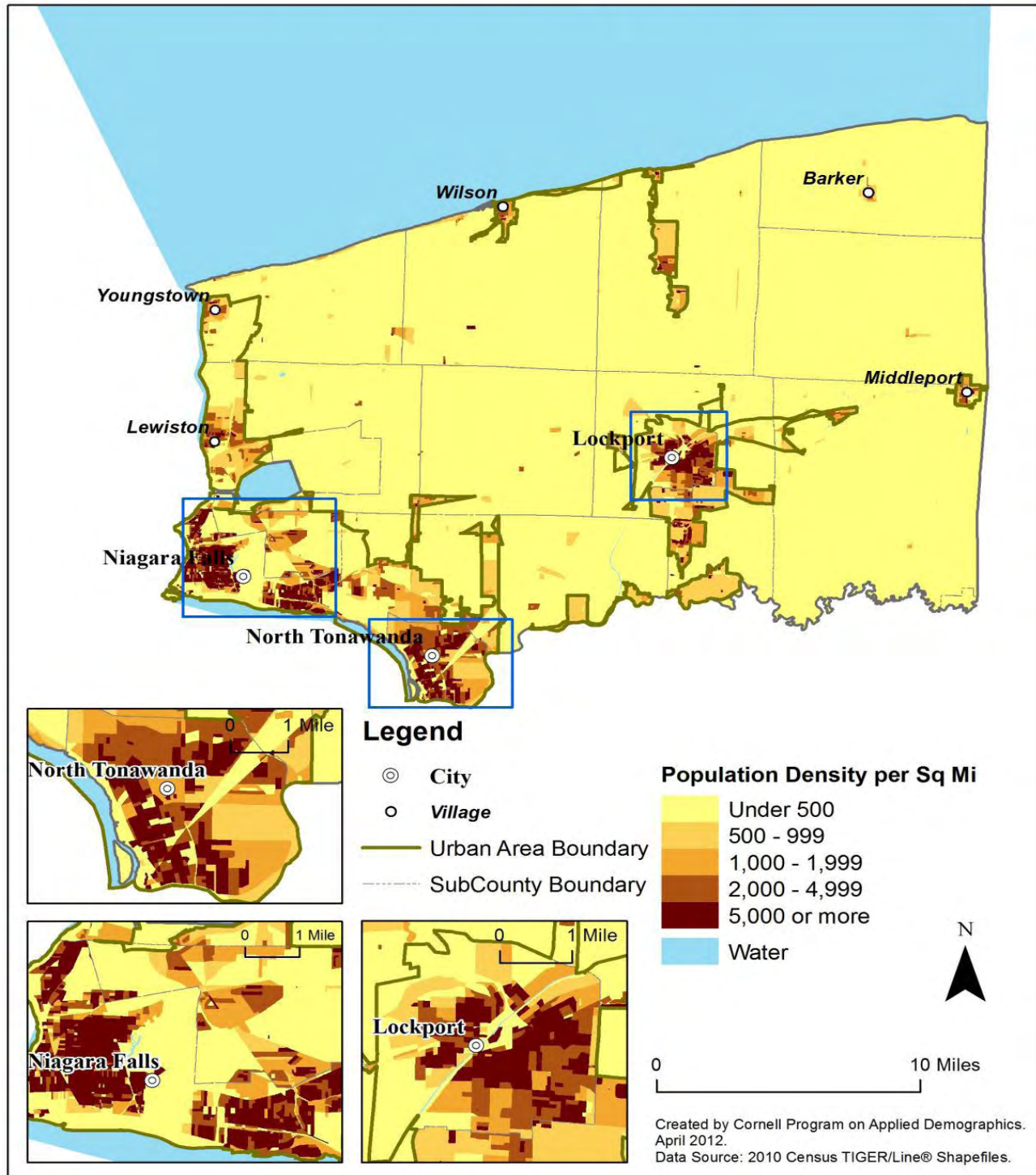
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Created by Cornell Program on Applied Demographics.
March 2012.
Data Source: 2010 Census TIGER/Line® Shapefiles.



Niagara County, NY

2010 Population Density per Block

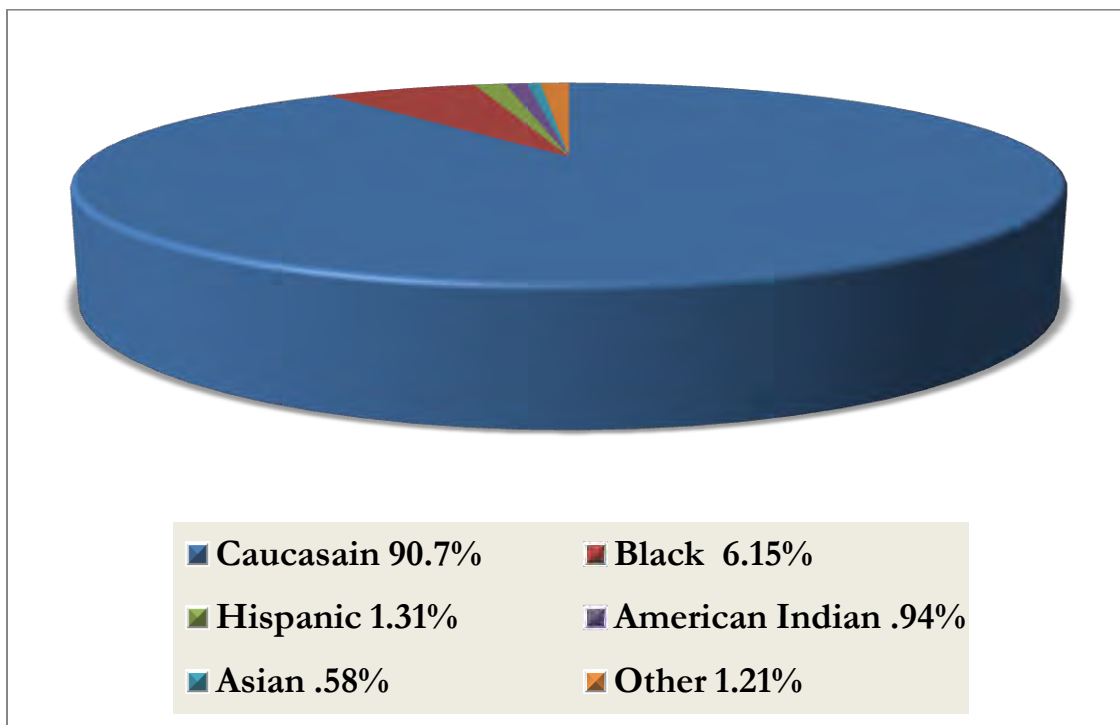


Population

According to the U.S. Census Bureau for Niagara County 2010 American Community Survey, the three year estimate for the total population of Niagara County is 216,469, which shows an increase from the previous Community Health Assessment. It is the second largest county in Western New York by population. It ranks 18th in population size of the 62 counties in New York State. The county is considered to be 75% urban and 25% rural. In regard to race alone, or in combination with one or more other races, 90.7% of residents are Caucasian, 6.15% are Black, .94% American Indian, .58% Asian, .02% Pacific Islander, 40% from other races and 1.21% from two or more races. 1.33% of the population is Hispanic or Latino of any race. 94.5% spoke English, 1.6% Spanish and 1% spoke Italian as their first language. The median age in Niagara County is 41.9. As of the census of 2010, there were 216,469 people; 90,556 households; and 56,831 families residing in the county. The population density was 420 people per square mile (162/km²). There were 95,715 housing units at an average density of 183 per square mile (71/km²).

Niagara County Population- Race

Source: Census Bureau/American FactFinder



Change in Total Population

According to the U.S. Census Bureau Decennial Census, between 2000 and 2010 the population in the report area fell by 3379 persons, a change of -1.54%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resource.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
Niagara County, NY	219,848	216,469	-3,379	-1.54%
New York	18,976,451	19,378,102	401,651	2.12%
United States	280,421,907	307,745,539	27,323,632	9.74%

Data Source: US Census Bureau, Decennial Census: 2000 - 2010. Source geography: Tract.

Percent Population Change (2000-2010) by Race

Report Area	White	Black	American Indian / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Other Race	Multiple Race
Niagara County, NY	-3.88%	9.84%	10.44%	43.88%	21.57%	26.48%	75.52%
New York	-1.18%	1.97%	29.64%	35.91%	-0.59%	7.42%	-0.73%
United States	4.89%	15.27%	21.65%	43.27%	47.12%	24.03%	32.16%

Data Source: US Census Bureau, Decennial Census: 2000 - 2010. Source geography: Tract.

Of the 90,556 households in Niagara County, 25.8% had children under the age of 18 living with them; 45.5% were married couples living together; 12.9 % had a female householder with no husband present; and 37.3% were non-families. 31.4 % of all households were made up of individuals living alone; and 27.7% of households had someone who was 65 years of age or older.

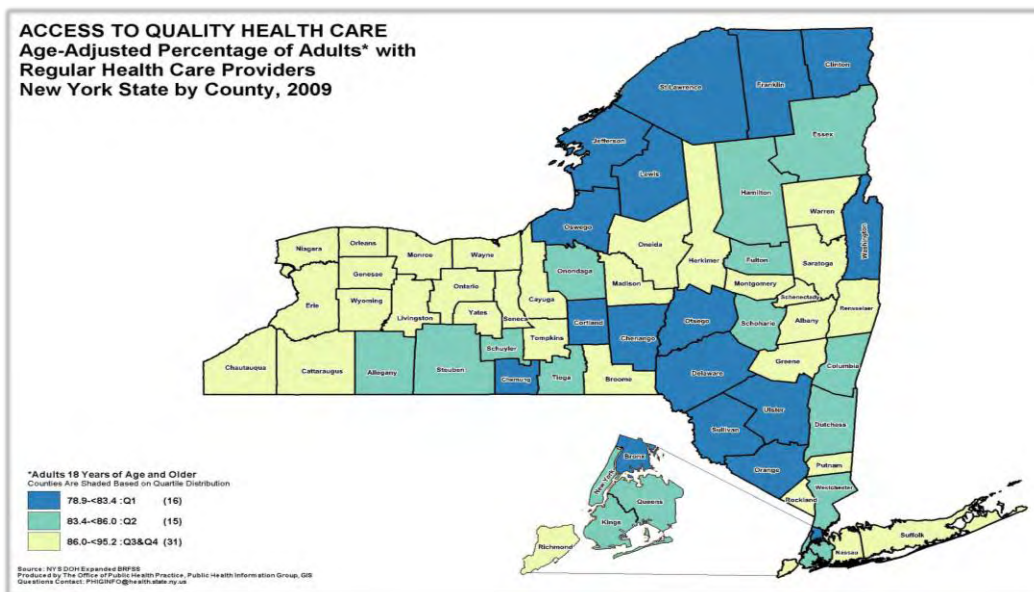
In the county, the population was spread out with 24.70% under the age of 18; 8.50% from 18 to 24; 28.40% from 25 to 44; 23.10% from 45 to 64; and 15.40% who were 65 years of age or older. The median age was 38 years. For every 100 females, there were 93.30 males. For every 100 females age 18 and over, there were 89.50 males.

The median income for a household in the county was \$38,136, and the median income for a family was \$47,817, compared to New York State median income of \$64,664 and median family income of \$78,310. Males in Niagara County had a median income of \$37,468 versus \$24,668 for females. The per capita income for the county

was \$19,219. About 8.20% of families and 10.60% of the population were below the poverty line, including 15.00% of those under age 18 and 7.30% of those aged 65 or over. 12.6% of the population participates in the SNAP (Supplemental Nutrition Assistance Program).

Health Insurance Status

The Community Health Status Indicators identify that 23,013 individuals were uninsured in Niagara County of which approximately 20,000 were adults and 3,000 were children. 32,949 residents received Medicare, (elderly 65+ and disabled), and 36,451 received Medicaid. The Behavioral Risk Factor Surveillance System (BRFSS) indicates that 90.4% of Niagara County residents have some form of health insurance.



Percentage of children with any kind of health insurance - Ages 0-19 years

(Source: 2010 Bureau of US Census Data as of July, 2012)

Region/County	Percentage (CI)
Reg- 1 Western New York	
Allegany	93.8 (92.3-95.3)
Cattaraugus	92.5 (90.7-94.3)
Chautauqua	95.0 (93.8-96.2)
Erie	95.6 (94.7-96.5)
Genesee	95.4 (94.3-96.5)
Niagara	95.2 (94.1-96.3)
Orleans	94.2 (92.8-95.6)
Wyoming	94.3 (92.9-95.7)

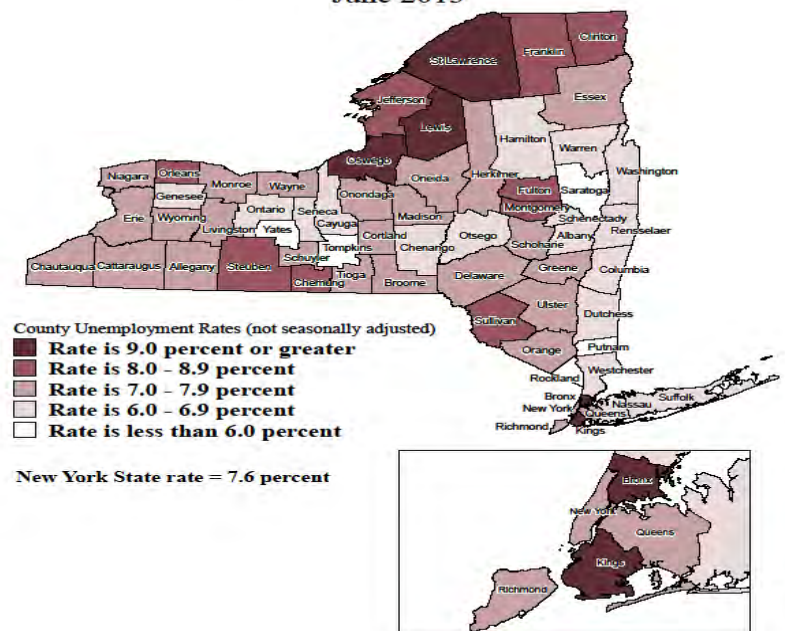
Age-adjusted percentage of adults who have a regular health care provider - Ages 18+ years

(Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010)

Region/County	Age-adjusted percentage (CI)
Reg- 1 Western New York	
Allegany	83.6 (78.9-88.3)
Cattaraugus	89.8 (86.1-93.4)
Chautauqua	86.1 (81.7-90.5)
Erie	88.1 (83.5-92.7)
Genesee	92.6 (89.2-96.1)
Niagara	90.9 (86.8-95.1)
Orleans	95.2 (92.9-97.4)
Wyoming	86.7 (80.4-92.9)

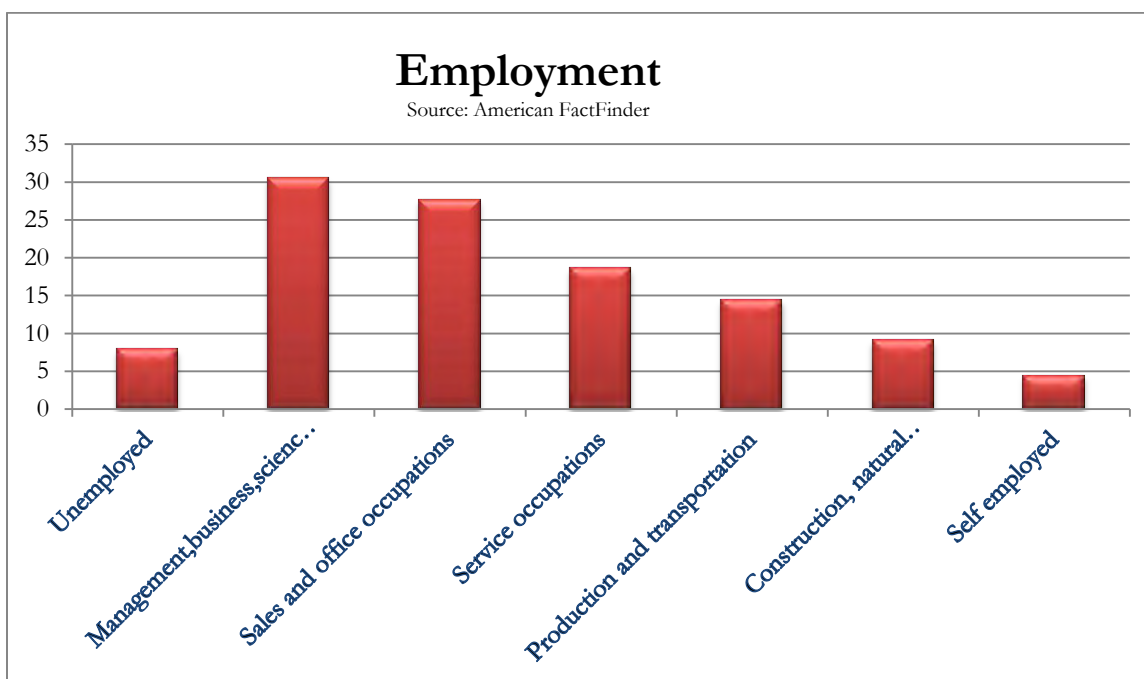
The overall unemployment rate for Niagara County was 7.9% in June of 2013. This is a decrease from the previous Community Health Assessment from a 9.3% unemployment rate.

Unemployment Rates by County,
New York State,
June 2013



Employment

The most common occupations in Niagara County are management, business, science and arts occupations at 30.5% followed by sales and office occupations at 27.6%, service occupations at 18.6%, production and transportation at 14.3%, and 9% at construction, natural resources, maintenance and repair. 80.8% of the people employed were private wage and salary, while 14.7% were federal, state or local government workers. Approximately 4.4% are self employed.



Education services, health care and social assistance leads Niagara County industry at 24.2%, followed by retail trade at 13.5%, and manufacturing at 13.4%. The lowest industry is wholesale trade at 2.4% followed by agriculture, forestry, fishing, hunting and mining at 1.0%.

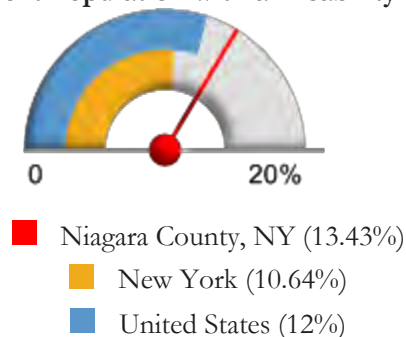
Although agriculture has a lower number of employees compared to other professions, Niagara County is rich in its history of farming. Niagara County was named in the top 25% of “Best Places to Farm” in the Farm Futures magazine in April 2009. There are approximately 865 farms of various sizes in Niagara County, with dairy and fruit crops leading the way. Niagara County is well known for its apple growing. There are 7 community farm markets that supply residents with fresh home grown products, and some participate in food coupon programs. Throughout Niagara County there are over 100 fruit and vegetable stands for those seeking fresh produce. The Niagara County Farm Bureau is an organization that assists the agricultural community.

Among working age people in Niagara County, 6.9% report an ambulatory disability, 4.2% report a cognitive disability, 3.8% report an independent living disability, 2.1% report a self-care disability, 1.5% report a visual

disability, and 2.1% report a hearing disability. Approximately, 5.2% of people report two or more of these six types of disability.

Another subpopulation of interest is veterans with service-connected disabilities. In Niagara County, there are 18,600 civilian veterans 18 years and older, of whom 12.5% have a service-connected disability.

Percent Population with a Disability

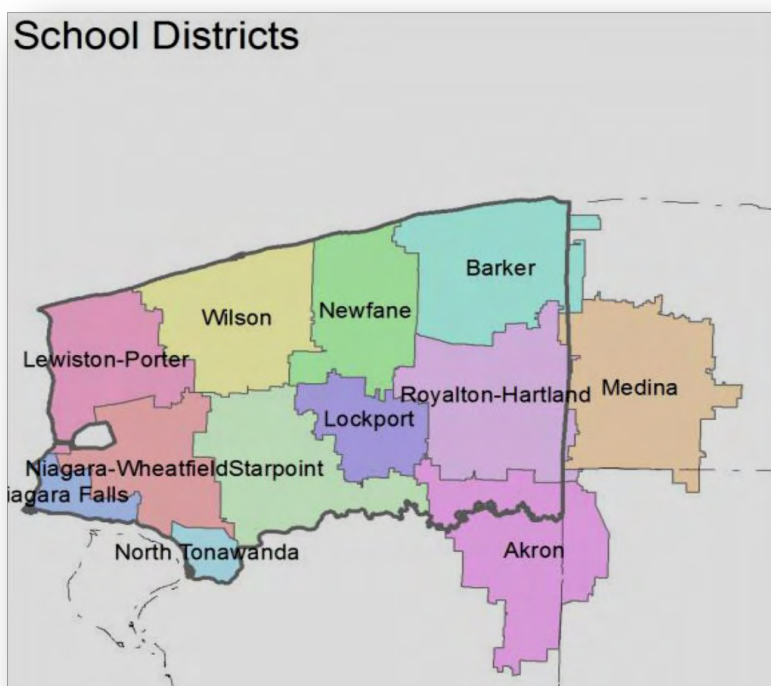


The wineries in Niagara County are a growing business for residents and as a tourist attraction. There are 17 wineries in Niagara County, with most located centrally in the county and several in close proximity to Lake Ontario.

The migrant population assists in agriculture in Niagara County as well as surrounding areas including Canada. It is difficult to acquire a specific number of the population as these individuals move from area to area throughout May-November for planting and harvesting. It is estimated that in Niagara County there are anywhere from 500-700 migrants working during season. Many of them are of Mexican descent. The migrants can work as much as a 60-70 hour work week. There are language barriers, transportation issues, and due to long hours, access to health service is difficult. The Niagara County Department of Health provides immunizations and clinic referrals for this population. The Niagara County Migrant Coalition also assists in health care needs.

Education/Instruction

From 2007-2010, 88.9% of the population had at least graduated from high school, and 20.6% attaining a bachelor's degree or higher. Currently, there are 12,165 college students. However 2.9% of the population had less than 9th grade attainment, and 8.2% had 9th-12th grade attainment with no diploma. The New York State rate for high school graduation is 77%. High School graduation rates in Niagara County were highest for



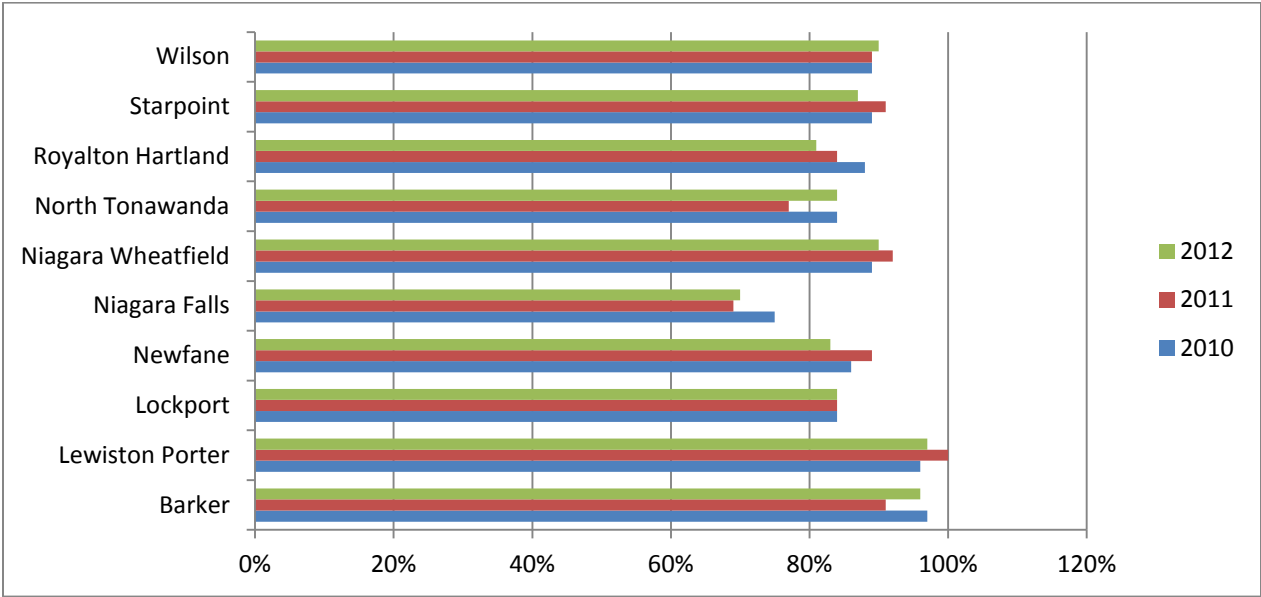
Lewiston Porter at 97% and lowest for Niagara Falls at 70%. The North Tonawanda Schools saw a marked increase from 2011 of 77% to 84% in 2012.

Free or reduced lunches are available to students who are eligible under the Federal guidelines. Niagara Falls schools leads the county with 65.3% of students who qualify for free or reduced priced lunches.

Report Area	Total Student Enrollment	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Niagara County, NY	31,556	12,515	39.66%
New York	2,733,530	1,315,438	48.12%
United States	49,692,766	24,021,069	48.34%

Data source: National Center for Education Statistics, Common Core Data 2010-2011

Outcomes of graduation rates specific to each school district for the years 2010-2012 are outlined in the following chart.



Data source: National Center for Education Statistics

There are 3 colleges in Niagara County. Niagara University has an enrollment of 4,158 students, of which 3,279 are undergraduates. Niagara County Community College has an enrollment of 7,157 students. The Empire State College has an office in Lockport and serves over 1100 students in the Niagara Frontier Region.

According to the 2010 Census, 28, 697 residents in Niagara County are between the ages of 10-19. The Niagara County Youth Bureau, YMCA, YWCA, Cornell Cooperative's 4-H program and various town and city recreation departments offer educational, social and recreational activities for this population. There are approximately 10 licensed after school programs for those in this category as well as programs offered by individual school districts and faith based organizations. The Niagara County law enforcement agencies also offer a Police Athletic League that provides volunteer, financial and technical support to organizations involved in sports tournaments, D.A.R.E., fingerprinting, community resource events, youth recognition programs, academic counseling and tutoring. This group also is an important link between law enforcement and the community.

There are 69 licensed daycare, childcare and preschool centers in Niagara County that offer various programs to families and their children. Referrals can be made through the Community Child Care Clearinghouse.

Leading Causes of Death

Life expectancy in Niagara County is 77.6 years, with females having a slightly higher longevity than males. The leading causes of death according to Vital Statistics are heart disease, cancer, COPD, stroke and unintentional injuries. For females the leading cause of premature death is cancer (lung and bronchus) followed by heart disease, and for males heart disease is first followed by cancer (lung and bronchus).

Causes of Death: Western New York (NYSDOH 2010)

County	Total	Cause of Death										
		Diseases of the Heart	Cancer	Stroke	AIDS	Pneumonia	CLRD ¹	Total Accidents	Diabetes Mellitus	Homicide/Legal Intervention	Cirrrosis of the Liver	Suicide
New York State												
New York State	147,105	43,963	35,032	6,153	900	4,808	6,902	5,249	3,921	813	1,488	1,625
Niagara	2,300	730	522	97	2	36	148	75	64	3	17	33
Erie	9,576	2,549	2,110	516	18	194	479	297	291	44	105	108
Orleans	387	107	86	21	1	10	31	13	7	3	3	8
Allegany	485	133	106	16	0	22	37	21	18	0	4	5
Cattaraugus	800	301	161	36	0	18	57	35	13	1	14	11
Chautauqua	1,491	452	324	82	2	28	114	44	40	2	20	13
Genesee	608	163	149	18	0	14	34	25	21	0	2	8
Wyoming	353	76	73	25	2	7	26	21	15	0	4	6

Niagara County Health Rankings

The 2012 University of Wisconsin's Mobilizing Action Toward Community Health (M.A.T.C.H.) County Health Rankings place Niagara County at 59 out of 62 counties in New York State based on health outcomes, health factors, clinical care, social and economic factors and physical environment. The County Health Rankings and Road Map program is collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The program shows the rank of nearly every county in the United States and looks at a variety of measures that affect health. Below is the report for Niagara County. More information regarding the rankings can be found at www.countyhealthrankings.org

	Niagara County	Error Margin	New York	National Benchmark*	Rank (of 62)
Health Outcomes					59
Mortality					59
Premature death	7,228	6,815-7,640	5,650	5,317	
Morbidity					51
Poor or fair health	14%	12-18%	15%	10%	
Poor physical health days	4.1	3.4-4.9	3.5	2.6	
Poor mental health days	4.1	3.3-4.9	3.4	2.3	
Low birthweight	7.8%	7.4-8.2%	8.2%	6.0%	
Health Factors					37
Health Behaviors					49
Adult smoking	24%	20-29%	18%	13%	
Adult obesity	29%	25-33%	25%	25%	
Physical inactivity	29%	25-34%	25%	21%	
Excessive drinking	17%	14-21%	17%	7%	
Motor vehicle crash death rate	10	8-11	7	10	
Sexually transmitted infections	396		516	92	
Teen birth rate	27	26-29	25	21	
Clinical Care					38
Uninsured	11%	10-12%	14%	11%	
Primary care physicians**	2,406:1		1,222:1	1,067:1	
Dentists**	1,990:1		1,414:1	1,516:1	

	Niagara County	Error Margin	New York	National Benchmark*	Rank (of 62)
Preventable hospital stays	86	81-90	66	47	
Diabetic screening	87%	82-91%	85%	90%	
Mammography screening	69%	64-74%	66%	73%	
Social & Economic Factors					25
High school graduation**	84%		77%		
Some college	62%	60-65%	64%	70%	
Unemployment	8.4%		8.2%	5.0%	
Children in poverty	19%	14-23%	23%	14%	
Inadequate social support	17%	13-21%	24%	14%	
Children in single-parent households	34%	32-37%	34%	20%	
Violent crime rate	378		391	66	
Physical Environment					41
Daily fine particulate matter	12.0	11.8-12.2	10.9	8.8	
Drinking water safety	0%		4%	0%	
Access to recreational facilities	10		11	16	
Limited access to healthy foods**	5%		2%	1%	
Fast food restaurants	44%		45%	27%	

Housing

The Census 2010 states that there are a total of 99,120 housing units in Niagara County, with 90,556 occupied and 8,564 vacant. 62,616 of homes are owner occupied and 27,940 are renter-occupied housing units. The median contract rent in 2009 for apartments was \$473, as compared to New York State average of \$877. The median house or condo value in 2009 was \$99,000 compared to New York State at \$309,000.

Other areas of residence to consider are those living in group quarters in Niagara County. (Source: www.city-data.com)

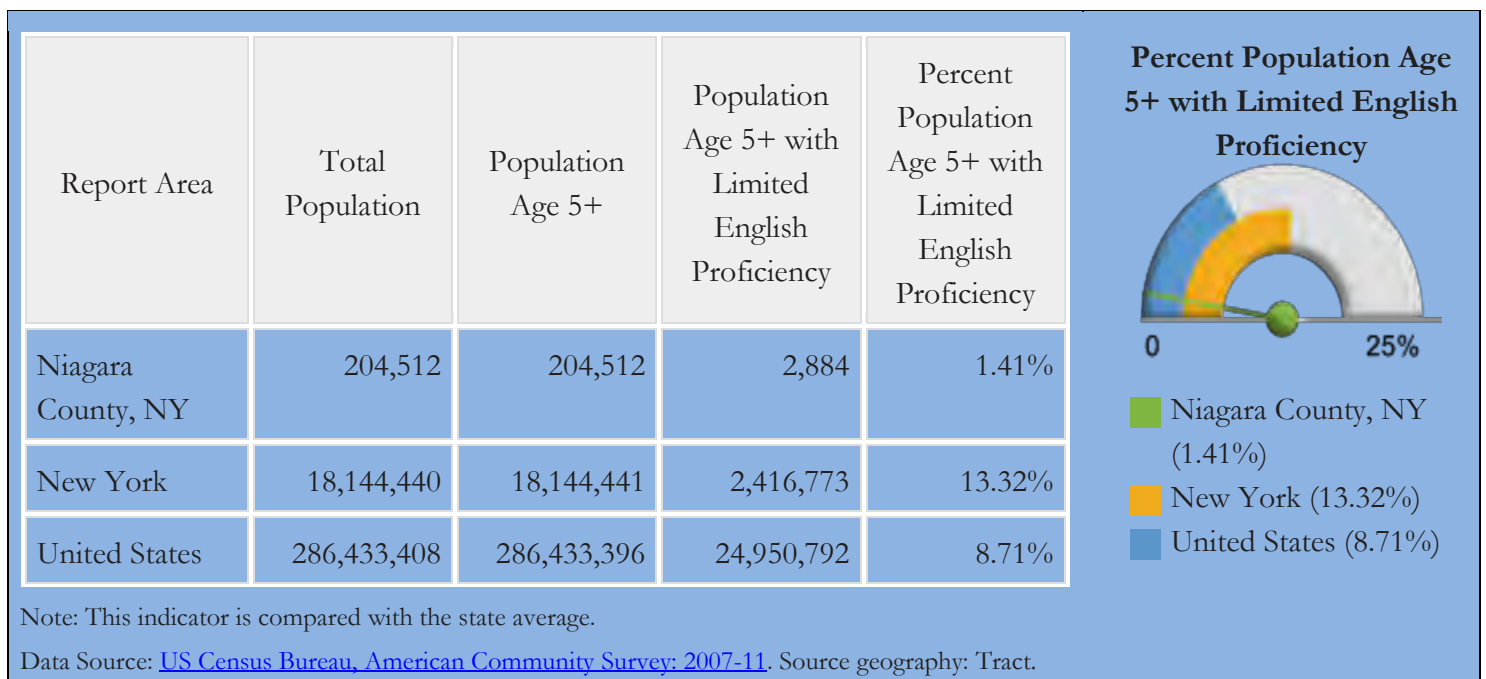
*People in group quarters in Niagara County, New York in 2010:

- 1,570 people in college/university student housing
- 1,499 people in nursing facilities/skilled-nursing facilities
- 501 people in local jails and other municipal confinement facilities

- 313 people in group homes intended for adults
- 158 people in other non-institutional facilities
- 79 people in residential treatment centers for adults
- 67 people in emergency and transitional shelters (with sleeping facilities) for people experiencing homelessness
- 48 people in correctional facilities intended for juveniles
- 41 people in workers' group living quarters and job corps centers
- 32 people in hospitals with patients who have no usual home elsewhere
- 7 people in group homes for juveniles (non-correctional)
- 4 people in residential treatment centers for juveniles (non-correctional)

Health Literacy

This chart reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well." This chart is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education.



Transportation

The Niagara Frontier Transportation Authority (NFTA) and Rural Niagara supply transportation throughout Niagara County. The NFTA offers Para-Transit for those with disabilities. Cab service is available as well as several area businesses that assist with those with disabilities or seniors. Mount Saint Mary's Hospital provides a Van Go service for clients for medical appointments. The American Cancer Society provides transportation for

services for their clients as well. Everywoman Opportunities provides a “Wheels to Work” program to assist women who need transportation to get back into the work force. As a means of transportation to employment, 85% drove their private vehicles, 8% car pooled, and 1% took a bus and 3% walked. Difficulty arranging transportation for residents has been a barrier identified by local health agencies in low income areas.

Religious Affiliations

In Niagara County the percentage of the population affiliated with religious congregations is 56.25%. Below is a breakdown of the population affiliated with these congregations.

Name	Catholic Church	Lutheran Church	United Methodist Church	Evangelical Lutheran Church in America	Presbyterian Church (USA)
Adherents	78,534 (63.5%)	11,272 (9.1%)	7,657 (6.2%)	5,203 (4.2%)	4,294 (3.5%)
Congregations	35 (19.2%)	19 (10.4%)	20 (11.0%)	14 (7.7%)	13 (7.1%)
Name	Episcopal Church	American Baptist Churches in the USA	United Church of Christ	Assemblies of God	Other
Adherents	3,070 (2.5%)	2,468 (2.0%)	2,134 (1.7%)	1,434 (1.2%)	7,604 (6.1%)
Congregations	11 (6.0%)	10 (5.5%)	9 (4.9%)	7 (3.8%)	44 (24.2%)

Source: Jones, Dale E., et al. 2002. Congregations and Membership in the United States 2000. Nashville, TN: Glenmary Research Center

Niagara County's Most Populated Cities

Niagara Falls is the largest city in Niagara County. As of the census of 2010, there were 50,193 people; 22,603 households; and 12,495 families residing in the city. The population density was 2,987.7 people per square mile (1,153.5 per square km). There were 26,220 housing units at an average density of 1,560.7 per square mile (622.6/km²). The racial makeup of the city was 70.5% White, 21.6% African American, 1.9% Native American, 1.2% Asian, 0% Pacific Islander, 0.8% from other races, and 3.9% from two or more races. Hispanic or Latino of any race were 3.0% of the population.

There were 22,603 households out of which 23.9% had children under the age of 18 living with them; 29.8% were married couples living together; 19.7% had a female householder with no husband present; and 44.7% were non-families. 38.1% of all households were made up of individuals; and 13.7% had someone living alone who was 65 years of age or older. The average household size was 2.20; and the average family size was 4.02.

In the city, the population was spread out with 22% under the age of 18; 10.1% from 18 to 24; 24.2% from 25 to 44; 28.2% from 45 to 64; and 15.5% who were 65 years of age or older. The median age was 39 years. For every 100 females, there were 91.2 males. For every 100 females age 18 and over, there were 94.4 males.

The median income for a household in the city was \$26,800, and the median income for a family was \$34,377. Males had a median income of \$31,672 versus \$22,124 for females. 23% of the population was below the poverty line.

The unemployment rate in the City of Niagara Falls was around 10 percent as of October 2010. Approximately 60 percent of residents in Niagara Falls receive public assistance such as food stamps, welfare, unemployment insurance and Medicaid.

North Tonawanda is the second largest city in Niagara County. As of the census of 2010, there were 31,568 people; 13,671 households; and 8,981 families residing in the city. The population density was 3,293.2 people per square mile (1,271.5/km²). There were 14,425 housing units at an average density of 1,428.2 per square mile (551.4/km²). The racial makeup of the city was 97.86% White, 0.29% African American, 0.34% Native American, 0.53% Asian, 0.01% Pacific Islander, 0.29% from other races, and 0.68% from two or more races. Hispanic or Latino of any race were 1.09% of the population.

There were 13,671 households out of which 30.2% had children under the age of 18 living with them; 50.8% were married couples living together; 11.1% had a female householder with no husband present; and 34.3% were non-families. 29.5% of all households were made up of individuals, and 12.8% had someone living alone who was 65 years of age or older. The average household size was 2.43 and the average family size was 3.03.

In the city, the population was spread out with 23.7% under the age of 18; 8.6% from 18 to 24; 28.9% from 25 to 44; 23.1% from 45 to 64; and 15.6% who were 65 years of age or older. The median age was 38 years. For every 100 females, there were 94.6 males. For every 100 females age 18 and over, there were 90.6 males.

The median income for a household in the city was \$39,154, and the median income for a family was \$50,219. Males had a median income of \$36,551 versus \$25,129 for females. 7.2% of the population and 5.4% of families were below the poverty line. Out of the total people living in poverty, 9.1% are under the age of 18; and 6.1% are 65 or older.

Lockport is the third largest city in Niagara County. As of the census of 2010, there were 21,165 people; 9,153 households; and 5,172 families residing in the city. There were 10,092 housing units. The racial makeup of the city was 87.5% White, 7.2% Black or African American, 0.5% Native American, 0.5% Asian, 0.02% Pacific Islander, 0.8% from other races, and 3.5% from two or more races. Hispanic or Latino of any race were 3.2% of the population.

There were 9,459 households out of which 30.5% had children under the age of 18 living with them; 41.4% were married couples living together; 13.5% had a female householder with no husband present; and 40.7% were non-families. 34.7% of all households were made up of individuals, and 13.3% had someone living alone who was 65 years of age or older. The average household size was 2.33, and the average family size was 3.03.

In the city, the population was spread out with 25.8% under the age of 18; 8.4% from 18 to 24; 30.6% from 25 to 44; 20.9% from 45 to 64; and 14.3% who were 65 years of age or older. The median age was 36 years. For every 100 females, there were 91.7 males. For every 100 females age 18 and over, there were 87.4 males.

The median income for a household in the city was \$35,222, and the median income for a family was \$44,614. Males had a median income of \$35,197 versus \$23,944 for females. The per capita income for the city was \$19,620. About 11.7% of families and 13.3% of the population were below the poverty line, including 18.9% of those under age 18 and 7.4% of those age 65 or over.

Another notable area in Niagara County is the **Tuscarora Reservation**. The reservation spans 9.3 miles. The Tuscarora reservation is a sovereign territory governed by the Confederacy of Six Nations. It is classified as a Traditional nation along with the Tonawanda and Onondaga Nations. A Traditional nation maintains that the State is responsible for their health care according to the treaty signed in the 1770's. Although they are federally recognized, they do not access HIS (Indian Health Service) funding to support their clinics. The Tuscarora Nation applied to HIS in 2006 for inpatient hospital care coverage.

As of the census of 2000, there were 1,138 people; 398 households; and 284 families residing in the Indian reservation. The population density was 122.8/mi² (47.4/km²). There were 398 housing units at an average density of 42.9/mi² (16.6/km²).

There were 398 households out of which 43.2% had children under the age of 18 living with them; 45.5% were married couples living together; 19.3% had a female householder with no husband present; and 28.4% were non-families. 21.1% of all households were made up of individuals, and 5.5% had someone living alone who was 65 years of age or older. The average household size was 2.86, and the average family size was 3.36.

In the Indian reservation, the population was spread out with 34.3% under the age of 18; 13.7% from 18 to 24; 30.0% from 25 to 44; 14.3% from 45 to 64; and 7.7% who were 65 years of age or older. The median age was 26 years. For every 100 females, there were 104.7 males. For every 100 females age 18 and over, there were 97.4 males.

The median income for a household in the Tuscarora Indian reservation was \$32,500, and the median income for a family was \$38,333. Males had a median income of \$33,281 versus \$25,074 for females. The per capita income for the Indian reservation was \$14,427. About 9.9% of families and 13.0% of the population were below the poverty line, including 13.4% of those under age 18 and 9.6% of those ages 65 or over.

Health Status of the Population and Distribution of Health Issues

In considering the public health issues for Niagara County, the New York State Department of Health provides a tracking chart. This chart is available at <http://www.health.ny.gov/preventionagenda>. More specific trend charts and maps are available to provide a comparison of selected priority areas between Niagara County rates, New York State rates and county specific rates. This information was used by the Community Health Assessment/Community Services Plan/Community Health Improvement Plan team in consideration of selecting priority areas.

Niagara County Indicators For Tracking Public Health Priority Areas, 2013-2017

Indicator		Data Years	Niagara County	New York State	NYS 2017 Objective
1.	Percentage of premature death (before age 65 years)	2008-2010	23.4	24.3	21.8
2.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		2.15	2.12	1.87
3.	<i>Ratio of Hispanics to White non-Hispanics</i>		1.86	2.14	1.86
4.	Age-adjusted preventable hospitalizations rate per 10,000 - Ages 18+ years	2008-2010	185.2	155.0	133.3
5.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		2.24	2.09	1.85
6.	<i>Ratio of Hispanics to White non-Hispanics</i>		0.67	1.47	1.38
7.	Percentage of adults with health insurance - Ages 18-64 years	2010	86.5 (85.3-87.7)	83.1 (82.9-83.3)	100
8.	Age-adjusted percentage of adults who have a regular health care provider - Ages 18+ years	2008-2009	90.9 (86.8-95.1)	83.0 (80.4-85.5)	90.8
Indicator		Data Years	Niagara County	New York State	NYS 2017 Objective
9.	Rate of hospitalizations due to falls per 10,000 - Ages 65+ years	2008-2010	221.3	204.6	Maintain
10.	Rate of emergency department visits due to falls per 10,000 - Ages 1-4 years	2008-2010	633.1	476.8	429.1
11.	Assault-related hospitalization rate per 10,000	2008-2010	2.6	4.8	4.3
12.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		3.37	7.43	6.69
13.	<i>Ratio of Hispanics to White non-Hispanics</i>		2.81+	3.06	2.75
14.	<i>Ratio of low income ZIP codes to non-low income ZIP codes</i>		4.68	3.25	2.92
15.	Rate of occupational injuries treated in ED per 10,000 adolescents - Ages 15-19 years	2008-2010	104.8	36.7	33.0
16.	Percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge	2012	15.4	26.7	32.0
17.	Percentage of commuters who use alternate modes of	2007-	15.1	44.6	49.2

	transportation ¹	2011			
18.	Percentage of population with low-income and low access to a supermarket or large grocery store ²	2010	5.3	2.5	2.24
19.	Percentage of homes in Healthy Neighborhood Program that have fewer asthma triggers during the home revisits	2008-2011	4.7	12.9	20
20.	Percentage of residents served by community water systems with optimally fluoridated water	2012	100.0	71.4	78.5
Indicator		Data Years	Niagara County	New York State	NYS 2017 Objective
21.	Percentage of adults who are obese	2008-2009	27.6 (22.9-32.3)	23.2 (21.2-25.3)	23.2
22.	Percentage of children and adolescents who are obese	2010-2012	20.6	17.6	NYC: 19.7 ROS: 16.7
23.	Percentage of cigarette smoking among adults	2008-2009	26.2 (21.3-31.1)	16.8 (15.1-18.6)	15.0
24.	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Ages 50-75 years	2008-2009	72.5 (66.5-77.8)	66.3 (63.5-69.1)	71.4
25.	Asthma emergency department visit rate per 10,000	2008-2010	52.1	83.7	75.1
26.	Asthma emergency department visit rate per 10,000 - Ages 0-4 years	2008-2010	116.2	221.4	196.5
27.	Age-adjusted heart attack hospitalization rate per 10,000	2010	23.0	15.5	14.0
28.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years	2008-2010	2.4	3.2	3.06
29.	Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years	2008-2010	9.2	5.6	4.86
Indicator		Data Years	Niagara County	New York State	NYS 2017 Objective
30.	Percentage of children with 4:3:1:3:3:1:4 immunization series - Ages 19-35 months ³	2011	60.7	47.6	80
31.	Percentage of adolescent females with 3-dose HPV immunization - Ages 13-17 years	2011	27.2	26.0	50
32.	Percentage of adults with flu immunization - Ages 65+ years	2008-2009	74.9 (68.6-81.3)	75.0 (71.5-78.5)	66.2
33.	Newly diagnosed HIV case rate per 100,000	2008-2010	4.4	21.6	14.7
34.	<i>Difference in rates (Black and White) of new HIV diagnoses</i>		s	59.4	45.7
35.	<i>Difference in rates (Hispanic and White) of new HIV diagnoses</i>		s	31.1	22.3
36.	Gonorrhea case rate per 100,000 women - Ages 15-44 years	2010	166.8	203.4	183.1
37.	Gonorrhea case rate per 100,000 men - Ages 15-44 years	2010	113.6	221.7	199.5
38.	Chlamydia case rate per 100,000 women - Ages 15-44 years	2010	1605.4	1619.8	1,458

39.	Primary and secondary syphilis case rate per 100,000 males	2010	1.0*	11.2	10.1
40.	Primary and secondary syphilis case rate per 100,000 females	2010	0.0*	0.5	0.4
Indicator		Data Years	Niagara County	NY State	NYS 2017 Objective
41.	Percentage of preterm births	2008-2010	11.9	12.0	10.2
42.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		1.76	1.61	1.42
43.	<i>Ratio of Hispanics to White non-Hispanics</i>		1.45	1.25	1.12
44.	<i>Ratio of Medicaid births to non-Medicaid births</i>		1.10	1.10	1.00
45.	Percentage of infants exclusively breastfed in the hospital	2008-2010	52.2	42.5	48.1
46.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		0.41	0.50	0.57
47.	<i>Ratio of Hispanics to White non-Hispanics</i>		0.80	0.55	0.64
48.	<i>Ratio of Medicaid births to non-Medicaid births</i>		0.55	0.57	0.66
49.	Maternal mortality rate per 100,000 births	2008-2010	0.0*	23.3	21.0
50.	Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs ⁴	2011	69.9	69.9	76.9
51.	<i>Percentage of children ages 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs</i>		85.0	82.8	91.3
52.	<i>Percentage of children ages 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs</i>		80.3	82.8	91.3
53.	<i>Percentage of children ages 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs</i>		61.5	61.0	67.1
54.	Percentage of children with any kind of health insurance - Ages 0-19 years	2010	95.2 (94.1-96.3)	94.9 (94.5-95.3)	100
55.	Percentage of third-grade children with evidence of untreated tooth decay	2009-2011	21.4 (16.6-26.2)	24.0 (22.6-25.4)	21.6
56.	<i>Ratio of low-income children to non-low income children</i>		0.69	2.46	2.21
57.	Adolescent pregnancy rate per 1,000 females - Ages 15-17 years	2008-2010	27.6	31.1	25.6
58.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		4.05	5.74	4.90
59.	<i>Ratio of Hispanics to White non-Hispanics</i>		3.60	5.16	4.10
60.	Percentage of unintended pregnancy among live births	2011	32.9	26.7	24.2
61.	<i>Ratio of Black non-Hispanics to White non-Hispanics</i>		1.96	2.09	1.88
62.	<i>Ratio of Hispanics to White non-Hispanics</i>		1.19	1.58	1.36
63.	<i>Ratio of Medicaid births to non-Medicaid births</i>		1.76	1.69	1.56
64.	Percentage of women with health coverage - Ages 18-64 years	2010	89.2 (87.7-90.7)	86.1 (85.8-86.4)	100

65.	Percentage of live births that occur within 24 months of a previous pregnancy	2008-2010	24.4	18.0	17.0
Indicator		Data Years	Niagara County	New York State	NYS 2017 Objective
66.	Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	2008-2009	10.9 (7.4-14.4)	10.2 (8.7-11.7)	10.1
67.	Age-adjusted percentage of adult binge drinking during the past month	2008-2009	22.4 (17.2-27.6)	18.1 (16.1-20.2)	18.4
68.	Age-adjusted suicide death rate per 100,000	2008-2010	9.6	6.8	5.9

* Fewer than 10 events in the numerator, therefore the rate is unstable

+ Fewer than 10 events in one or both rate numerators, therefore the ratio is unstable
s Data do not meet reporting criteria

1- Alternate modes of transportation include

public transportation, carpool, bike, walk, and telecommute

2- Low access is defined as greater than one mile from a supermarket or grocery store in urban areas or greater than ten miles from a supermarket or grocery store in rural areas
3- The 4:3:1:3:3:1:4 immunization series

includes: 4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13

4- Government sponsored insurance programs include Medicaid and Child Health Plus

Natality

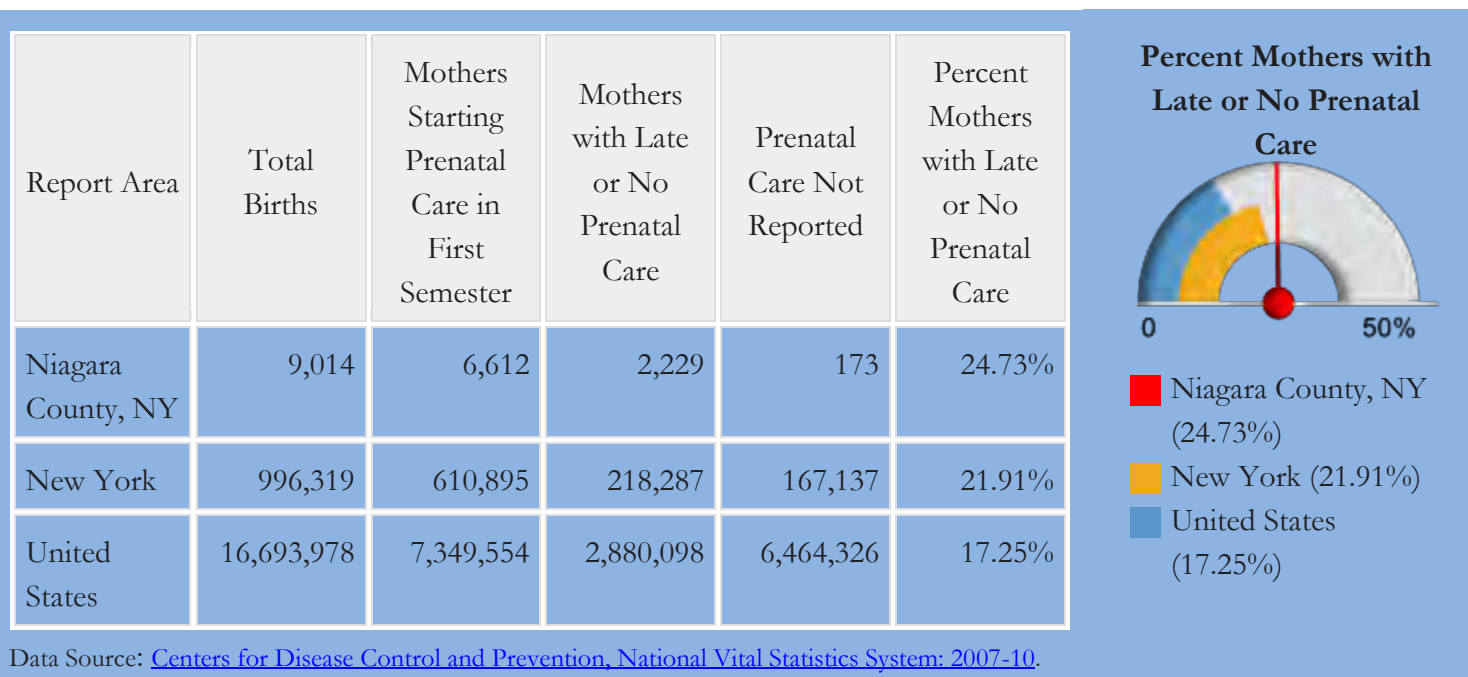
Niagara County ZIP Code Perinatal Data Profile

(Source: 2009-2011 New York State Vital Statistics Data as of March, 2013)

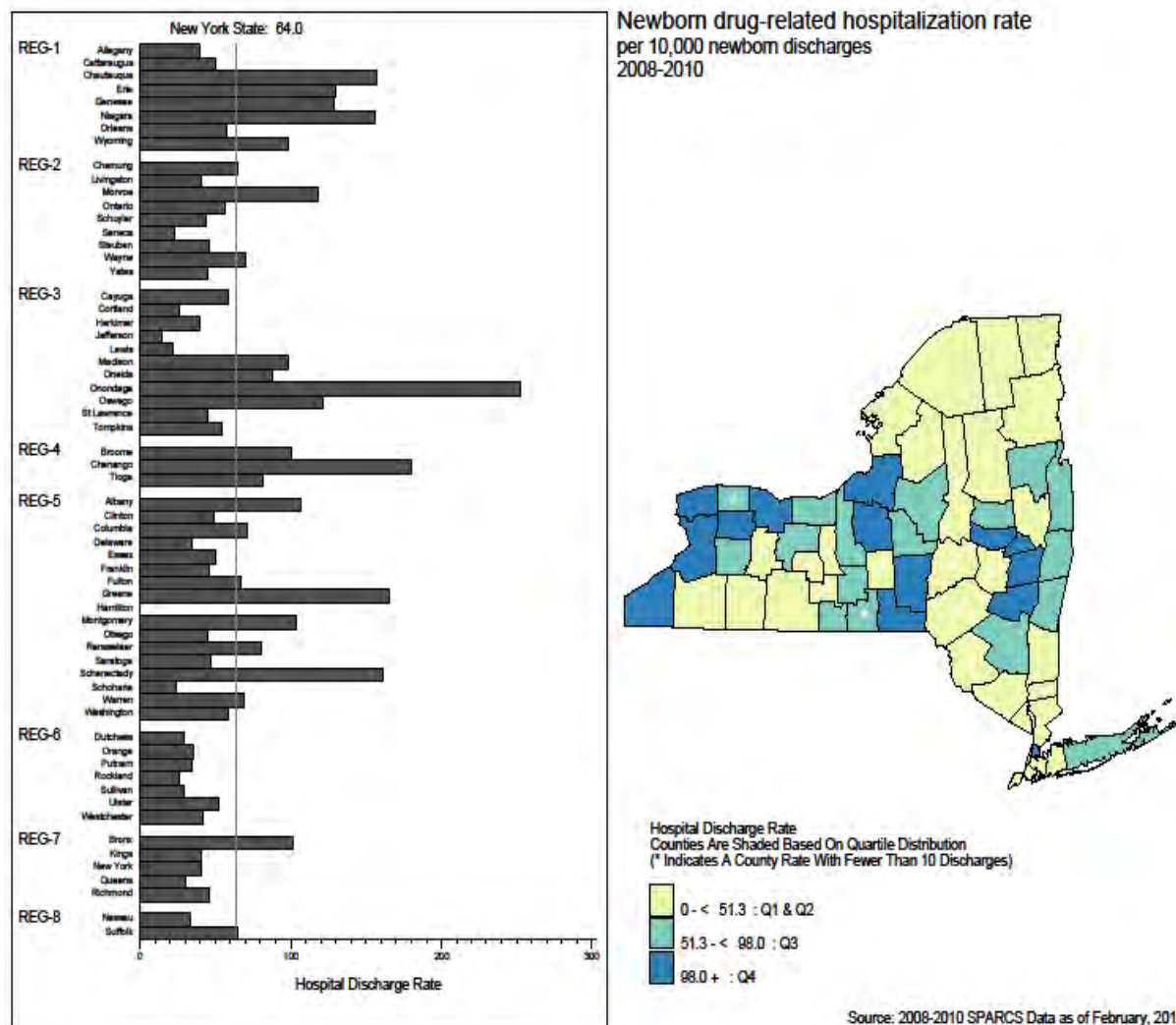
ZIP Code	Total Births 2009-2011	Percent of Births					Infant and Neonatal Deaths				Teens	
		Premature Births	Low Birth Weight	Out of Wedlock	Medicaid or Self-pay	Late or No Prenatal Care	Infant Deaths 2009-2011	Infant Deaths Rate	Neonatal Deaths 2009-2011	Neonatal Deaths Rate	Teen Birth Rate	Teen Pregnancy Rate
14008	36	5.9	8.3	52.8	50.0	2.8	0	0.0	0	0.0	32.3	32.3
14012	65	10.9	6.2	33.8	36.9	0.0	0	0.0	0	0.0	25.9	33.3
14028	67	6.1	7.5	44.8	40.3	0.0	0	0.0	0	0.0	66.7	90.9
14067	122	5.0	2.5	38.5	32.2	0.0	1	8.2	0	0.0	17.4	27.1
14092	250	8.4	6.4	25.2	20.8	0.0	2	8.0	2	8.0	8.9	17.8
14094	1,776	11.5	8.2	45.7	39.4	0.6	9	5.1	7	3.9	28.5	44.2
14105	105	8.7	4.8	52.4	42.9	2.9	0	0.0	0	0.0	20.4	40.8
14108	120	8.4	8.3	45.0	38.3	0.0	0	0.0	0	0.0	22.3	25.8
14120	1,265	10.3	7.4	34.5	29.9	0.3	1	0.8	1	0.8	14.3	25.0
14131	125	12.3	8.8	33.6	40.0	0.0	0	0.0	0	0.0	26.1	54.2
14132	150	6.4	3.3	34.7	27.3	2.0	0	0.0	0	0.0	8.1	21.1
14172	70	14.5	10.0	27.1	25.7	0.0	0	0.0	0	0.0	13.2	46.2
14174	122	16.1	9.8	33.6	27.9	0.0	1	8.2	1	8.2	19.3	36.6
14301	565	17.0	11.7	77.3	72.6	2.6	3	5.3	2	3.5	71.8	112.6
14303	250	17.4	9.2	80.4	78.8	4.5	1	4.0	0	0.0	73.0	147.9
14304	876	11.3	7.3	42.6	40.2	1.3	4	4.6	2	2.3	20.2	39.8
14305	660	14.9	8.9	73.3	68.8	1.1	11	16.7	6	9.1	55.5	95.1

In 2008-2010, the birth rate in Niagara County was 10.5 % per 1000 female population, which is lower than the New York State rate of 12.7%. The teenage pregnancy rate for females ages 10-14 is lower than the NYS average at 1.2 %, while the birth rate for that population is .4 %. Females ages 15-19 had a pregnancy rate of 48.3 per 1000 and a birth rate of 9.0 per 1000. The highest rates of teen pregnancy fall within 14301, 14303, and 14305 zip code areas of Niagara Falls and a notable rate in Burt. These numbers in some cases may also reflect increased numbers of low birth weight, out of wedlock, late, or no prenatal care, and an increase in infant mortality. An area of concern is the 14303 area with a teen pregnancy rate of 147.9 per 1000 and teen birth rate of 73 per 1000. 80.4 % were out of wedlock, 9.2% had low birth rates, and there was a 4.0% infant death rate. The overall percentage of early prenatal care in Niagara County is 77.6%; however in the 14303 zip code area, 4.5% of pregnant females had late or no prenatal care. The infant mortality rate for all of Niagara County is 5.6% and low birth rate for the county is 7.7 %. The overall abortion ratio is 36% compared to the New York State rate of 46.6%. In regard to insurance, according to Vital Statistics, in 2011 there were a total of 2,129 births with 1,090 paid for through private insurance and 916 paid for by Medicaid. Self pay and other sources were also reimbursement means.

This chart reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This chart is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. The chart can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.



Of particular interest is the newborn drug-related hospital discharge rate per 10,000 newborn discharges.

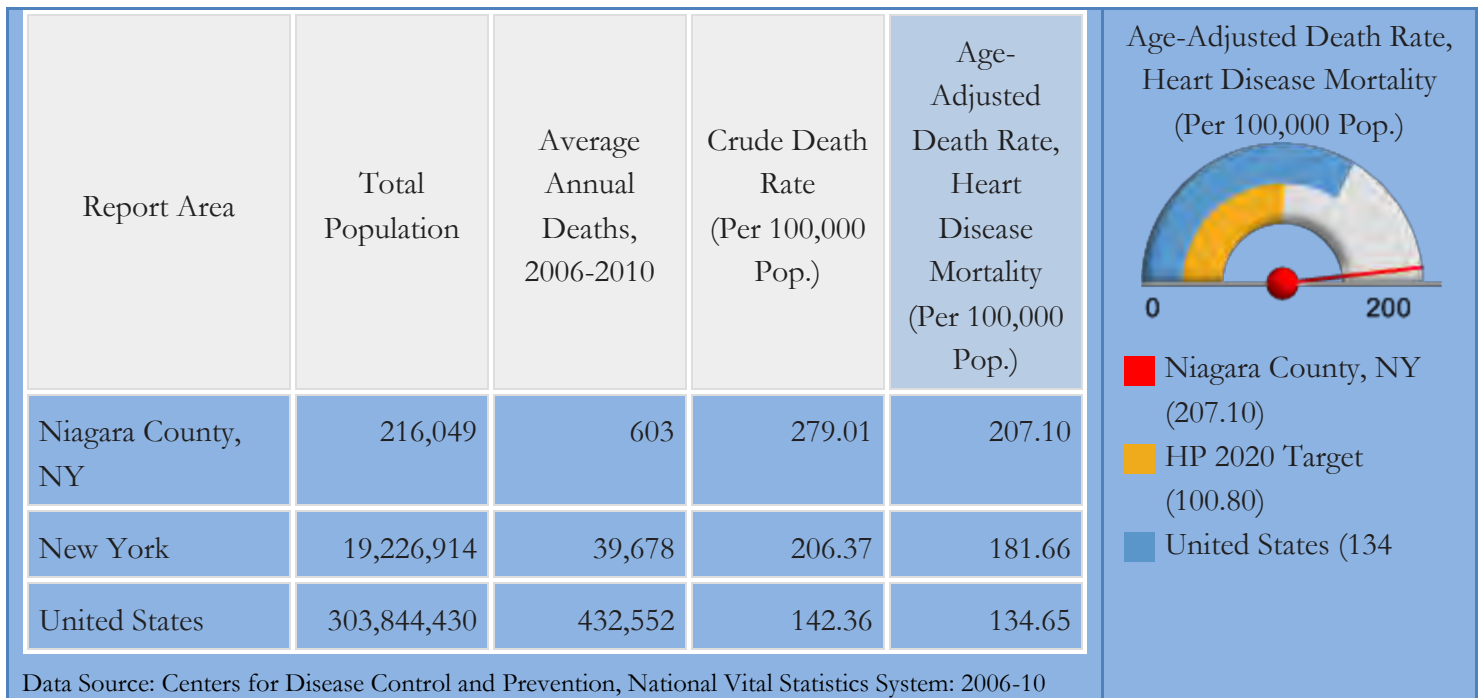


Health Status of the Population

The Community Health Survey was offered to Niagara County residents in May 2013. 20 choices were given for respondents to choose the 3 leading health issues that they felt were the most important to them. The top 3 from the survey were: Cancer (50.24%), Heart-Related Issues (37.23%) and Overweight/Obesity (31.93%). Alcohol/Drug and Nutrition/Healthy Diet followed both at about 27%. More information regarding the survey and development of the Community Health Improvement Plan will be outlined in Section 4.

Chronic Diseases

Heart Disease



Niagara County continues to have a high incidence and mortality of cardiovascular disease and diseases of the heart. Niagara County now ranks 3rd in cardiovascular disease mortality compared to the previous Community Health Assessment in which Niagara County was 2nd in the Western New York region. It is the leading cause of death in Niagara County. Niagara County's mortality rate from cardiovascular disease is 313.5 per 100,000 residents. The premature death rate from cardiovascular disease (Niagara County 145.4 per 100,000) refers to those who are between the ages of 35-64 and have died due to heart disease. Niagara County is 2nd in the Western New York region for premature death due to cardiovascular illness. According to Vital Statistics, Niagara County has a 37.2% rate per 100,000 of cerebrovascular disease (stroke). Niagara County leads the region in hospitalizations for stroke. Niagara County has a 34% rate of hypertension as compared to New York State at 26.8%. Of this number 79.5% are taking medication for hypertension. 83.6% have had their blood cholesterol check compared to New York State at 80.3%. (BRFSS)

According to the Prevention Quality Indicators, hospital admission rates for circulatory disease in the zip code areas of 14301, 14303, 14304 and 14305, which include the City of Niagara Falls, are significantly higher than the NYS rate. The admission rate for African Americans regarding all circulatory concerns is 412% of the expected rate and whites being at 141% of the expected rate. The most outstanding statistic is within the 14305 zip code area. The hospital admission rates for circulatory disease for African Americans is 323% above the expected rate and whites are 113% white above the expected rate. These zip code areas are also high in hypertensive admission rates as well. More information regarding these disparities will be provided in the Disparity section.

Cardiovascular disease premature death (ages 35-64 years) rate per 100,000

Source: 2008-2010 Vital Statistics Data as of February, 2012

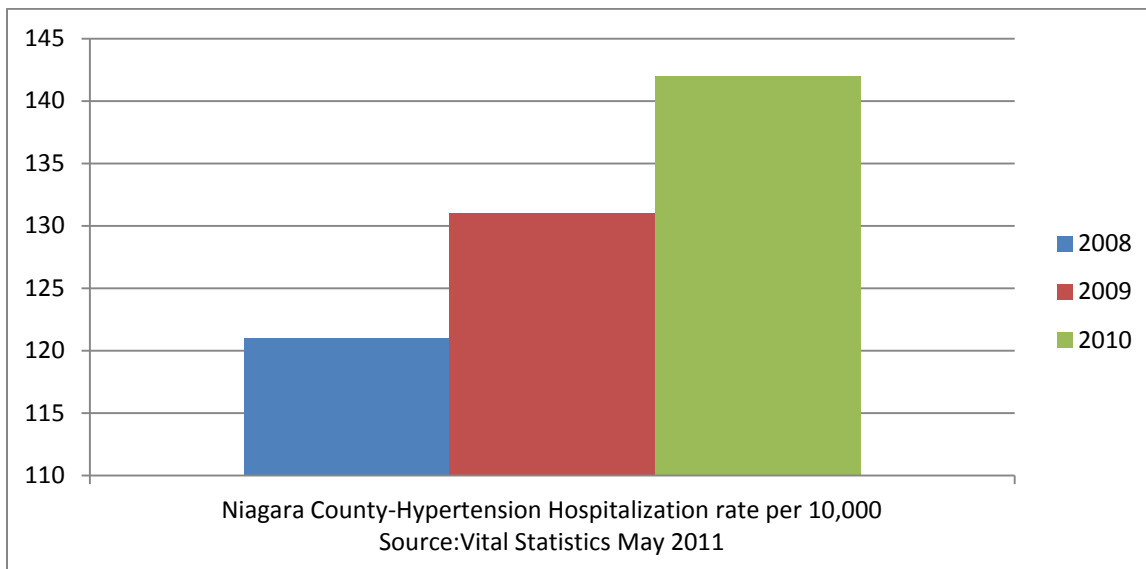
	Deaths				Average population	Crude
Region/County	2008	2009	2010	Total	2008-2010	Rate
Western New York						
Allegany	19	22	15	56	17,877	104.4
Cattaraugus	35	53	62	150	32,236	155.1
Chautauqua	65	50	82	197	52,836	124.3
Erie	476	483	464	1,423	369,017	128.5
Genesee	32	25	25	82	24,586	111.2
Niagara	135	130	131	396	89,789	147.0
Orleans	29	21	19	69	17,887	128.6
Wyoming	14	9	19	42	18,249	76.7
Region Total	805	793	817	2,415	622,477	129.3

Cerebrovascular disease (stroke) hospitalization rate per 10,000

Source: 2008-2010 SPARCS Data as of May, 2011

	Discharges				Average Population	Crude	Adjusted
Region/County	2008	2009	2010	Total	2008-2010	Rate	Rate
Western New York							
Allegany	161	129	134	424	49,251	28.7	24.2
Cattaraugus	269	234	286	789	79,898	32.9	26.5
Chautauqua	351	343	300	994	134,066	24.7	19.0
Erie	3,149	3,131	3,121	9,401	912,711	34.3	27.1
Genesee	171	163	160	494	58,589	28.1	22.0
Niagara	858	857	861	2,576	215,163	39.9	31.5
Orleans	122	152	181	455	42,356	35.8	31.3
Wyoming	123	104	117	344	41,735	27.5	24.9
Region Total	5,204	5,113	5,160	15,477	1,533,769	33.6	26.7

According to the BRFSS (2010), 31.3% of adults in Niagara County have been told that they have high blood pressure. The chart below illustrates the increasing rates of patients hospitalized due to hypertension.



Diabetes

According to BRFSS projections, based on national trends, 1 in 3 Americans will develop diabetes in their lifetime. The risk factors for diabetes include both characteristics that cannot be modified, including race, ethnicity, family history and age, and behavioral and lifestyle characteristics that can be modified, including physical activity, eating habits and weight management.

Disadvantaged ethnic and racial minorities in inner cities, Native American reservations, and rural migrant camps, for example, suffer from higher prevalence of diabetes, its complications, and resulting premature deaths. Disparities in diabetes burden have roots in wider public health issues including health care coverage and access, quality of medical care and self-care, and language and cultural barriers in health communication. Social issues associated with low socio-economic status and immigration also play a role in the disparities of diabetes burden (BRFSS).

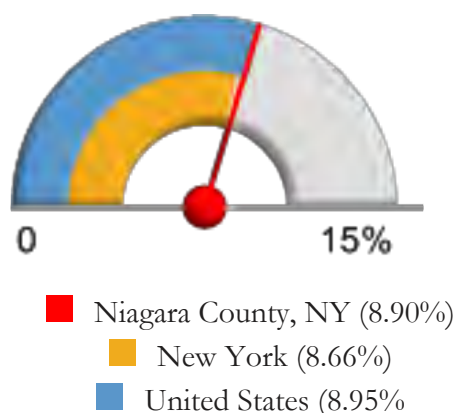
Diabetes is not only common; it is also a very costly disease. Medical expenditures for people with diagnosed diabetes are more than double those for people without diabetes. An estimated 1.5 million adult New Yorkers (10.4%) have been diagnosed with diabetes. The prevalence of diabetes is significantly higher among adults with a family history of diabetes (19.7%) than among those without a family history (5.9%), and among adults who are obese (22.1%) compared to adults who are overweight (9.1%) or neither overweight nor obese (4.5%). Diabetes is

also more common among older adults, adults with lower household incomes and educational attainment, and among adults with disabilities. (New York State Department of Health CHAI)

According to the New York State Department of Health CHAI, in Niagara County the prevalence for diabetes is 10.2% which is slightly lower than the New York State rate; however, the hospitalization rate for diabetes as a primary diagnosis per 10,000 is 23.5% higher than the state average and one of the highest in New York State.

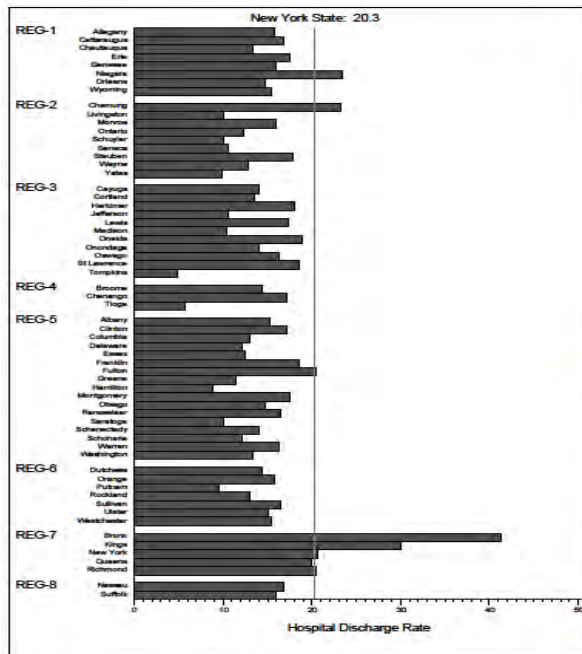
There is a disparity between blacks and Caucasians with hospital admissions. In Niagara Falls, the admission rate for uncontrolled diabetes was 78% above the expected rate among Caucasians, and 492% above the expected rate among blacks according to the Prevention Quality Indicators. The rates of lower extremity amputations were also significantly higher. The zip codes 14301, 14303 and 14305 have the greatest number of expected admission for diabetes.

Percent Population with Diagnosed Diabetes



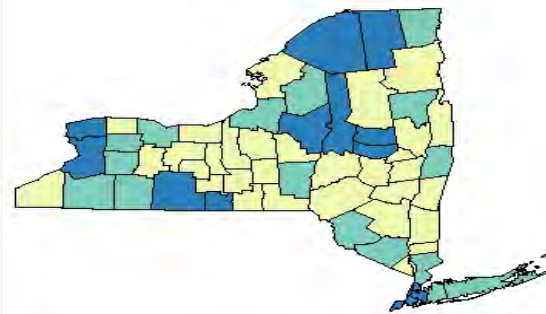
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Diabetes Atlas: 2010.

Data identifying those diagnosed with prediabetes is not readily available; although 3 of the Niagara County hospitals have provided community education regarding prediabetes. These community education programs are generally free and open to the public. The programs are often presented by Certified Diabetes Educators, Registered Dietitians and/or physicians specializing in the field of Endocrinology. The Niagara County Diabetes Coalition, which was formed following the previous Community Health Assessment process, provided community education and awareness through a county wide diabetes screening day in 2012. Each of the hospitals provided screening for diabetes with finger stick, venous draw for glucose and A1c levels. Although the participation was low, those who attended were provided with education regarding prediabetes, weight management/weight reduction, as well as nutrition and physical activity. Referrals to physicians or diabetes management programs within the respective hospital were given if warranted.



Diabetes hospitalization rate per 10,000 (primary diagnosis)

2008-2010

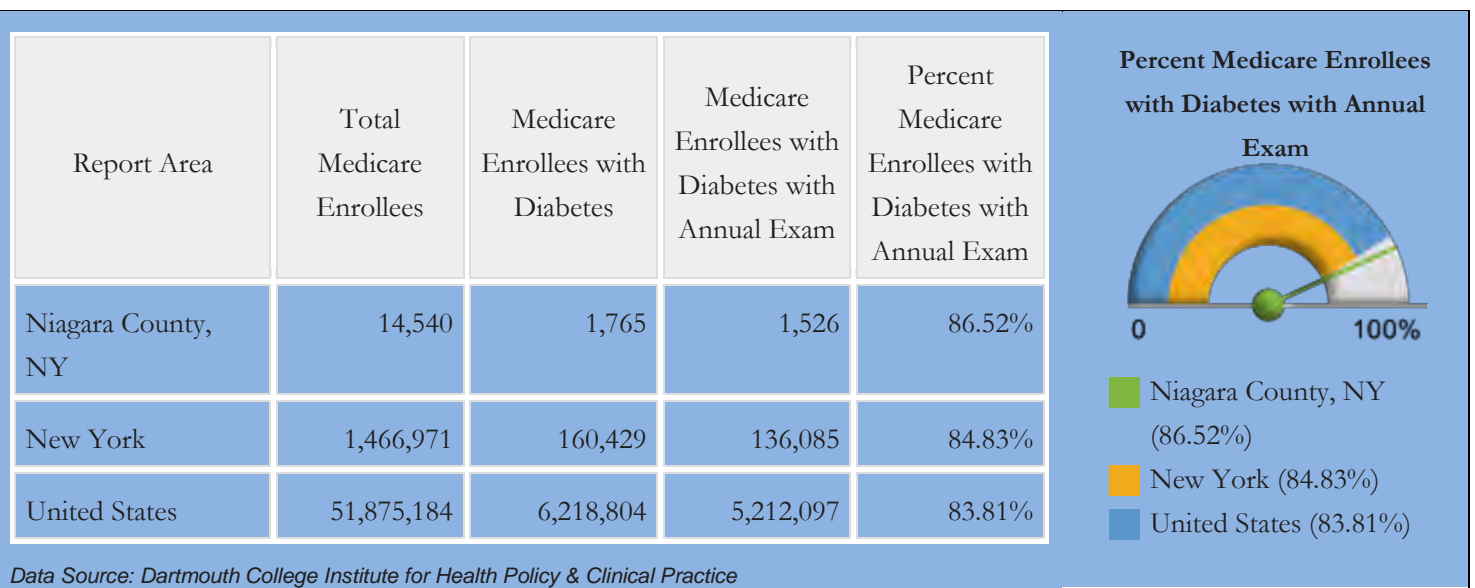


Hospital Discharge Rate
Counties Are Shaded Based On Quartile Distribution

0 - < 15.4 : Q1 & Q2
15.4 - < 17.4 : Q3
17.4 + : Q4

Source: 2008-2010 SPARCS Data as of February, 2012

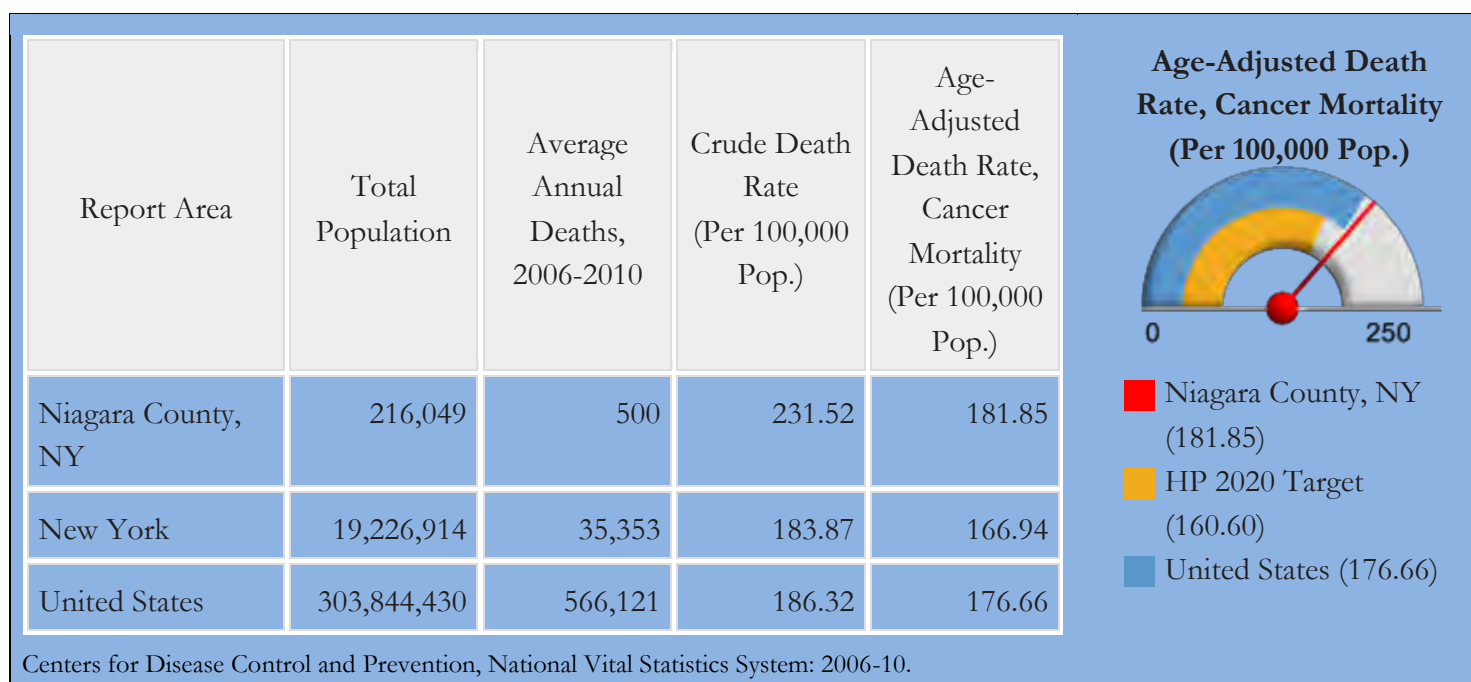
The following data is provided by the Dartmouth College for Health Policy and Clinical Practice. This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. In the report area, 1,526 Medicare enrollees with diabetes have had an annual exam out of 1,765 Medicare enrollees in the report area with diabetes, or 86.52%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.



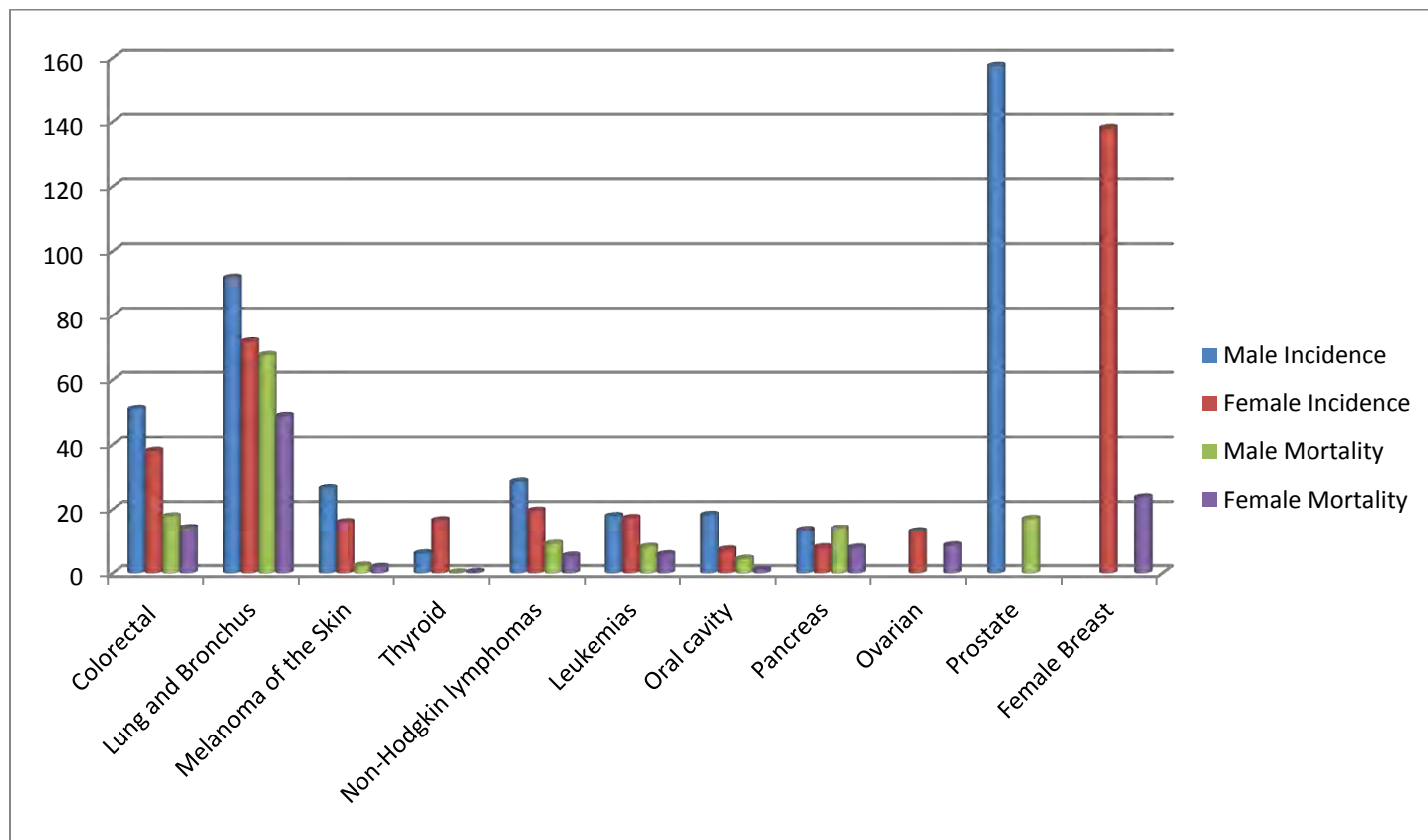
Cancers

According to Vital Statistics/New York State Cancer Registry 2006-2010 the incidence rate per males is 608.3 per 100,000 and 474.3 per females per 100,000 for all invasive malignant tumors. This has decreased from the previous Community Health Assessment where the incidence rate for males was 646.5 and females 477.5 per 100,000. The overall mortality rate is 213.5 for males and 161.0 for females. These numbers exceed the New York State rates for cancer incidence and mortality.

This chart identifies the rate of death due to malignant neoplasm (cancer) per 100,000 population. This is relevant because cancer is a leading cause of death in the United States.



The following graph identifies several types of cancers and their incidence and mortality in Niagara County based on the Cancer Registry 2006-2010. A male specific (prostate) and 2 female specific (breast, ovarian) are illustrated. Note the elevated rates of both morbidity and mortality for males and females in the lung and bronchial cancers.



Source: NYSDOH CHAI

An overall 34 year trend of the cancers in Niagara County is noted in the following chart. It is suggested to consider the increase in research, education and outreach for early detection for cancer screening as well as the advances in medical technology, diagnostics and treatment during this time span as well. Emphasis has been placed on preventing smoking in youth and smoking cessation in those who are smokers and encouraging age appropriate cancer screening.

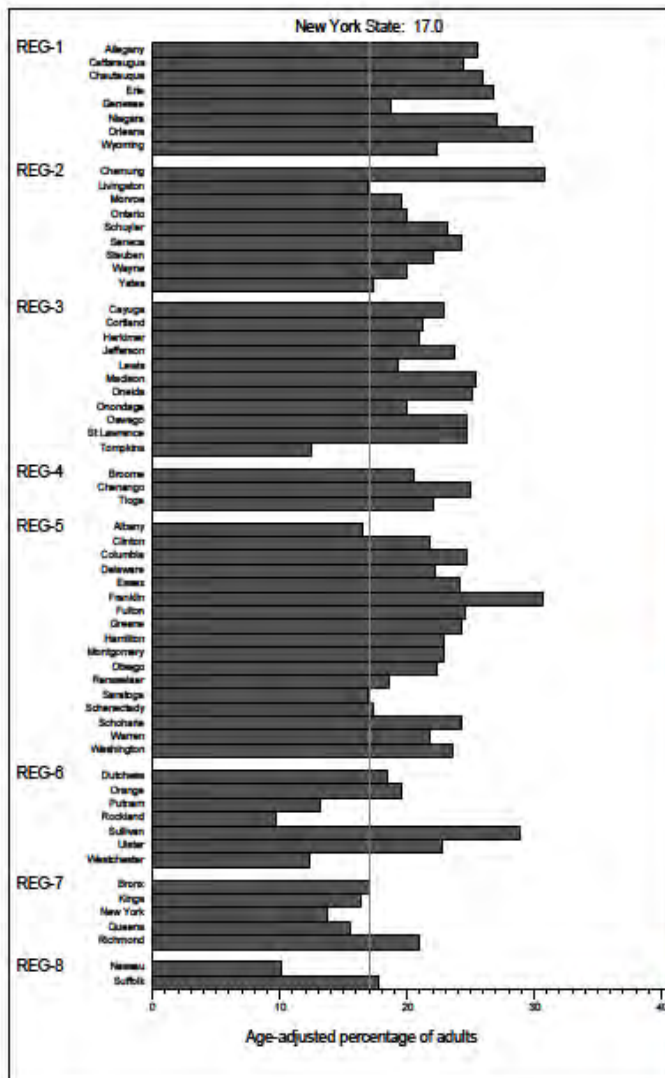
According to the New York State Expanded Behavioral Risk Factor Surveillance System (June 2009), in Niagara County the percentage of women 40 and older who had mammograms was at 82% as compared to the New York State rate of 79.7%. Women in Niagara County aged 18 and older who received pap tests every three years was at 87.6% versus the state average of 82.6%. The percentage of adults aged 50 and older who had sigmoidoscopies or colonoscopies were 72.4% compared to the state average of 68.4%. This may be due to the emphasis on education and cancer screenings provided by the Niagara County Department of Health's Cancer Services program and social marketing through providers, health care agencies and the media.

Cancer Incidence and Mortality Trends for Niagara County, 1976-2010

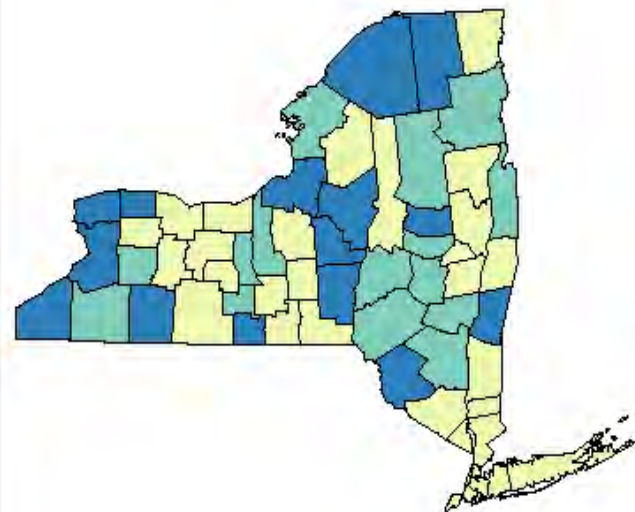
Source: New York State Cancer Registry

Site of Cancer	Diag/Death Time Period	Incidence						Mortality					
		Males			Females			Males			Females		
		Avg Ann Cases	Rate per 100,000 Males	95% CI (+/-)	Avg Ann Cases	Rate per 100,000 Females	95% CI (+/-)	Avg Ann Deaths	Rate per 100,000 Males	95% CI (+/-)	Avg Ann Deaths	Rate per 100,000 Females	95% CI (+/-)
All Invasive Malignant Tumors	1976-1980	445.4	485.8	21.5	428.8	358.2	15.5	260.6	291.3	16.9	225.0	186.6	11.1
	1981-1985	510.0	540.2	22.1	461.0	371.7	15.6	272.4	292.6	16.4	229.8	181.7	10.8
	1986-1990	520.8	525.9	21.2	518.4	398.6	15.8	275.2	286.9	16.0	241.8	178.8	10.3
	1991-1995	644.6	611.6	21.8	606.4	447.8	16.3	290.0	286.8	15.3	256.2	179.3	10.0
	1996-2000	688.8	640.6	21.7	613.4	439.1	15.8	278.4	266.9	14.3	262.2	177.2	9.7
	2001-2005	702.2	630.5	21.0	661.8	469.2	16.3	268.4	246.9	13.3	254.0	167.1	9.4
	2006-2010	709.6	594.7	19.8	673.4	466.0	16.2	250.0	213.5	12.0	250.8	161.0	9.1

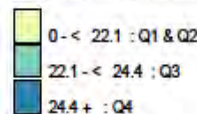
There are many factors that can contribute to cancer. Tobacco use is the leading preventable cause of morbidity and mortality from cancers. Niagara County remains at a significantly higher level of people who continue to smoke at 26.2% (CHAI 2013). This number exceeds the New York State rate of 17.0.



Age-adjusted percentage of adults who smoke cigarettes
2008-2009



Age-adjusted percentage of adults
Counties Are Shaded Based On Quartile Distribution



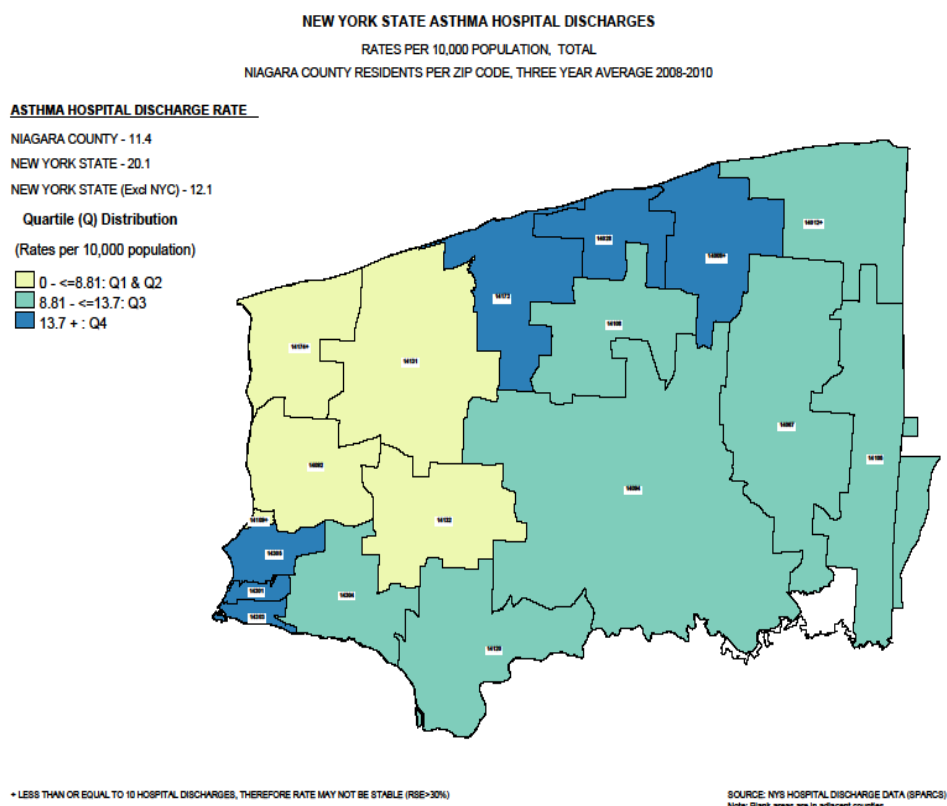
Source: 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010

The Niagara County Department of Health, in partnership with the Western New York Public Health Alliance, coordinates the Cancer Services Program that offers free breast, cervical and colorectal cancer screening to those 40-64 with no health insurance. The Niagara County Department of Health has provided this program to county residents since 2003. This program has assisted many residents without health insurance to have screening and treatment with grant funding from the New York State Department of Health Cancer Services Program. The following chart outlines services and diagnoses for uninsured clients of the Cancer Services Program for the past 4 years.

Cancer Services Program of Niagara County				
Service Count For Previous Grant Years (Apr 1st - Mar 31st)				
	2012	2011	2010	2009
Clients Screened	446	457	404	390
Screening Services				
Clinical Breast Exams	329	338	296	298
Screening Mammograms	374	360	304	285
Pap/Pelvic Exams	210	240	209	221
Diagnostic Services				
Diagnostic Breast Ultrasounds	77	56	57	45
Breast Biopsies	24	10	19	8
	4 cancers, 1 pre	3 cancers	2 cancers	1 cancer
Cervical Biopsies	13	5	7	13
	2 cancers			
Colorectal Cancer Tests				
Fecal Blood Test Kits	121	131	81	58
	5 positive for blood	16 positive for blood	8 positive for blood	0 positive for blood
Colonoscopies	22	31	19	21
	1 cancer		1 cancer	
	3 w/adenoma polyps	6 w/adenoma polyps	4 w/adenoma polyps	5 w/adenoma polyps

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD)

CLRD/COPD is the 3rd leading cause of death in Niagara County. Asthma, chronic bronchitis and emphysema are the main diseases included in this category. The hospitalization rates for Niagara County are 43.5% ranking 2nd in the region to Cattaraugus County. Disparities identified in CLRD/COPD mortality as Caucasians have a 83.5% mortality compared to blacks with approximately 39.8%.



Chronic lower respiratory disease hospitalization rate per 10,000

Source: 2008-2010 SPARCS Data as of May, 2011

	Discharges				Average Population	Crude	Adjusted
Region/County	2008	2009	2010	Total	2008-2010	Rate	Rate
Reg- 1 Western New York							
Allegany	205	220	203	628	49,251	42.5	38.4
Cattaraugus	396	484	493	1,373	79,898	57.3	50.0
Chautauqua	402	438	407	1,247	134,066	31.0	26.3
Erie	2,942	3,187	2,850	8,979	912,711	32.8	29.2
Genesee	262	267	242	771	58,589	43.9	36.2
Niagara	1,155	1,171	1,043	3,369	215,163	52.2	43.5
Orleans	172	164	171	507	42,356	39.9	35.3
Wyoming	164	180	170	514	41,735	41.1	37.6
Region Total	5,698	6,111	5,579	17,388	1,533,769	37.8	32.9

Asthma is a chronic disease of the lungs, and 1.1 million New Yorkers have been diagnosed with asthma. It can occur at any age; however, it is most commonly diagnosed in children. The asthma rates of pre-school children living in urban areas have been rising steadily. In regard to asthma, blacks ages 0-17 have a 23.7% hospitalization rate compared to whites at 9.4 and an overall hospitalization rate of 27.4 compared to whites at 9.5%. The overall asthma hospital discharge rate for all ages was 11.4% compared to New York State at 20.1%

The Healthy Neighborhoods Program through the Niagara County Department of Health focuses its efforts in Niagara Falls concentrating on home safety and lowering asthma triggers.

Percentage of homes in Healthy Neighborhood Program that have fewer asthma triggers during the home revisits.

(Source: 2008-2011 NYSDOH Healthy Neighborhoods Program Tracking Data as of December, 2012)

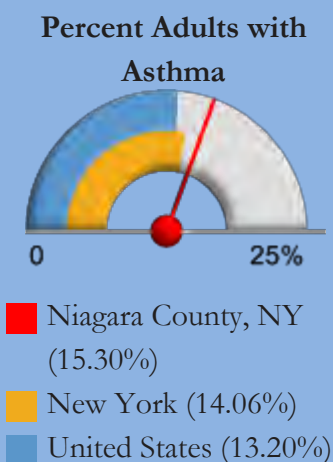
	Homes with fewer asthma triggers at the revisit	Homes with a revisit	Percentage
Reg- 1 Western New York			
Allegany	NA	NA	NA
Cattaraugus	NA	NA	NA
Chautauqua	NA	NA	NA
Erie	89	436	20.4
Genesee	NA	NA	NA
Niagara	10	215	4.7
Orleans	NA	NA	NA
Wyoming	NA	NA	NA
Region Total	99	651	15.2

Asthma Prevalence

Report Area	Total Population (Age 18+)	Total Adults with Asthma	Percent Adults with Asthma
Niagara County, NY	168,277	25,743	15.30%
New York	14,954,839	2,102,082	14.06%
United States	235,375,690	31,061,484	13.20%

Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2006-10](#). Additional data analysis by [CARES](#). Source geography: County.



Referring to zip code level data, the zip codes 14305, 14303, 14301 (Niagara Falls) and 14094 (Lockport) have the highest rates for emergency department visits overall.

Asthma Emergency Department (ED) Visit Rate per 10,000 Population

Source: 2008-2010 SPARCS Data as of April, 2012

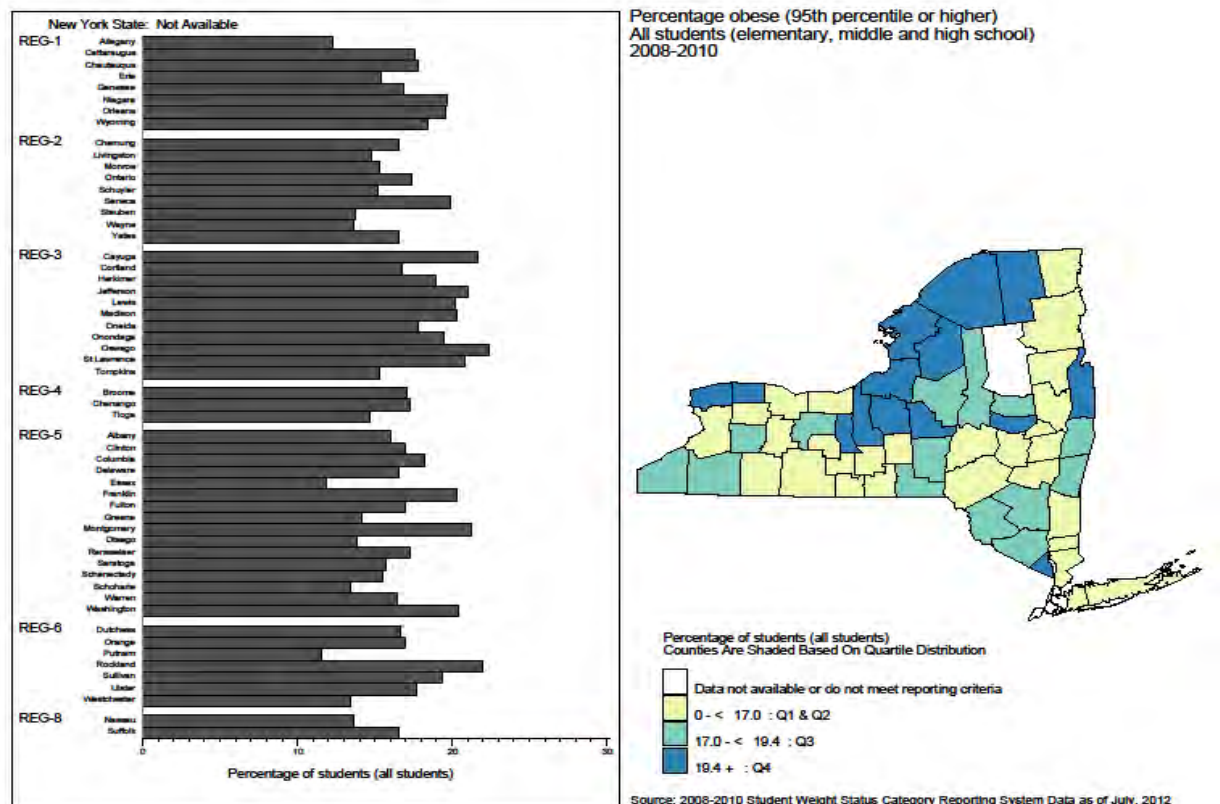
	ED Visits	Average Population	ED Visit
ZIP Code	2008-2010	2008-2010	Rate
14008	23	1,540	49.8
14012	40	2,378	56.1
14028	32	1,893	56.3
14067	45	4,986	30.1
14072+	3	18,920	0.5
14092	73	11,503	21.2
14094	866	49,067	58.8
14102*		1,302	
14105	53	4,256	41.5
14108	81	5,720	47.2
14109+	9	1,547	19.4
14120	416	42,733	32.4
14131	56	5,341	34.9
14132	59	6,260	31.4
14150+	6	38,256	0.5
14172	36	3,111	38.6
14174	52	5,476	31.7
14301	429	11,906	120.1
14303	186	5,534	112.0
14304	395	31,160	42.3
14305	500	16,323	102.1

* - Data is suppressed for confidentiality purposes if there are less than 3 ED visits per ZIP code or if the average annual population in each ZIP code contains less than 33 people.+ - Less than or equal to 10 ED visits, therefore rate may not be stable (RSE>30%).

Overweight and Obesity

A growing epidemic across the country, state and within Niagara County is the rate of those who are overweight and obese. The Body Mass Index (BMI) table is used to determine whether a person is within a normal healthy weight, overweight, obese or morbidly obese. As a leading risk factor for many chronic diseases, the incidence of co-morbidity increases as well as health care costs. According to the New York State Department of Health, health care to treat obesity-related illnesses and conditions cost the United States \$150 billion and New York State \$7.6 billion dollars a year.

Obesity rates for children and adolescents have tripled over the past three decades, and currently one third of children and adolescents in New York State are overweight or obese. In Niagara County, WIC information identifies that 14.5 % of children 2-4 years of age are obese. The New York State Health Data Set indicates that during the school years of 2010-2012, 17.6% of Niagara County children were overweight and 22.2% were obese. These statistics place children and adolescents at early risk for chronic disease such as cardiovascular disease, diabetes and cerebrovascular disease.



Obesity Statistics for Niagara County

Indicators for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

	3 Year Total	County Rate	State Rate
% Pregnant Women in WIC Who Were Prepregnancy Overweight but not Obese (BMI 25-<30), Low SES*	872	23.7	26.5
% Pregnant Women in WIC Who Were Prepregnancy Obese (BMI 30+), Low SES*	1,001	27.2	22.8
% Obese Children in WIC (\geq 95th Pctl), 2-4 years, Low SES	801	13.4	14.5
% of Children in WIC, 0-4 years, viewing TV \leq 2 hours per day	5,313	82.3	78.5
% of WIC mothers breastfeeding at 6 months	330	13.8	40.6

Indicator	County Rate	CI #	State Rate	CI #
% Adults Overweight or Obese (BMI 25+) - Age-adjusted	66.9	± 5.6	59.3	± 2.5
% Adults Who Participated in Leisure Time Physical Activity in Last 30 Days - Age-adjusted	74.2	± 4.8	76.3	± 2.2
% Adults Eating 5 or More Fruits or Vegetables per Day - Age-adjusted	27.1	± 5.1	27.1	± 2.2

Unintentional Injury

Falls in older adults are the leading cause of injury-related deaths, hospitalizations and emergency department visits. Falls may have serious consequences affecting mobility, mental health and independence. Every day in New York State, 2 older adults die and 140 older adults are hospitalized due to falls. 60% of adults who are hospitalized due to a fall end up in a nursing home or rehabilitation center. 27% of those who fall suffer a hip fracture. Falls account for approximately \$1.7 billion in annual hospitalization cost and \$145 million in outpatient costs in New York State. DeGraff Memorial Hospital and Mount Saint Mary's Hospital have a high emergency room visit rate due to falls. Specific falls prevention programs and interventions have begun and will be expanded in the Community Health Improvement Plan.

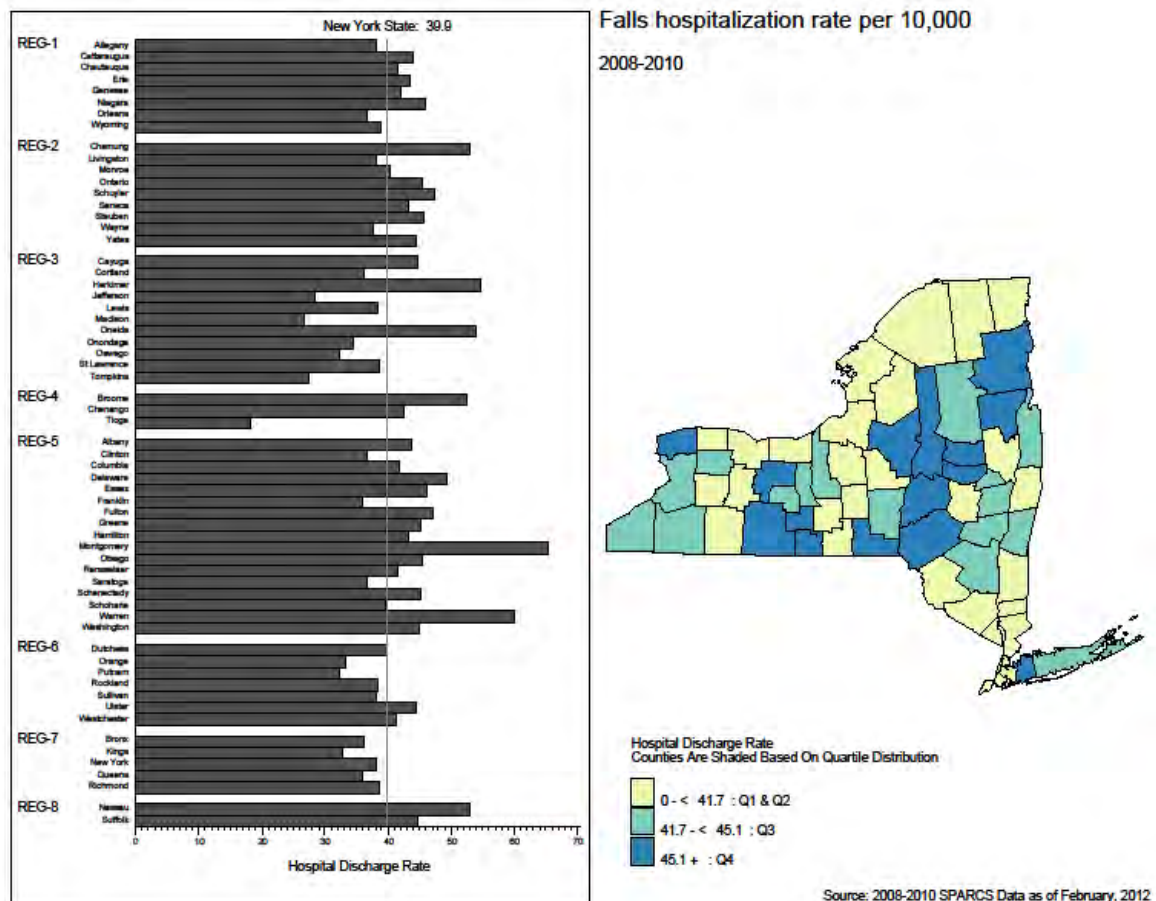
New York State Residents Ages 65 and Older		
Place	Percentage of Visits by Place of Fall	
	Hospitalizations	Emergency Department Visits
Home	60%	36%
Street and Highway	3%	5%
Public Building	3%	4%
Residential Institution	15%	11%
Other	10%	16%
Unspecified	9%	28%

Source: New York State Department of Health CHAI

The unintentional injury mortality rate per 10,000 in Niagara County is 35.9% with a hospitalization rate of 71.7%. Unintentional injury rates for adults 65 and older are the highest in Western New York. The unintentional fall discharge rate per 10,000 in Niagara County is 37.0%, which is second highest to Allegany County, with age adjusted showing the greater percentage of falls occurring to people 65 or older.

Pedestrian hospitalizations are identified as 0.8% and motor vehicle related mortality per 100,000 at 10.1%. Alcohol related motor vehicle death and injuries per 100,000 population is at 68.5% in the second quartile of the state.

Niagara County ranks highest in Western New York in the poisoning hospitalization rate at 13.1% per 10,000. Employment related hospitalizations per 10,000 employed persons aged 16 or older is 30.8%, significantly higher than the New York State rate of 16.0%

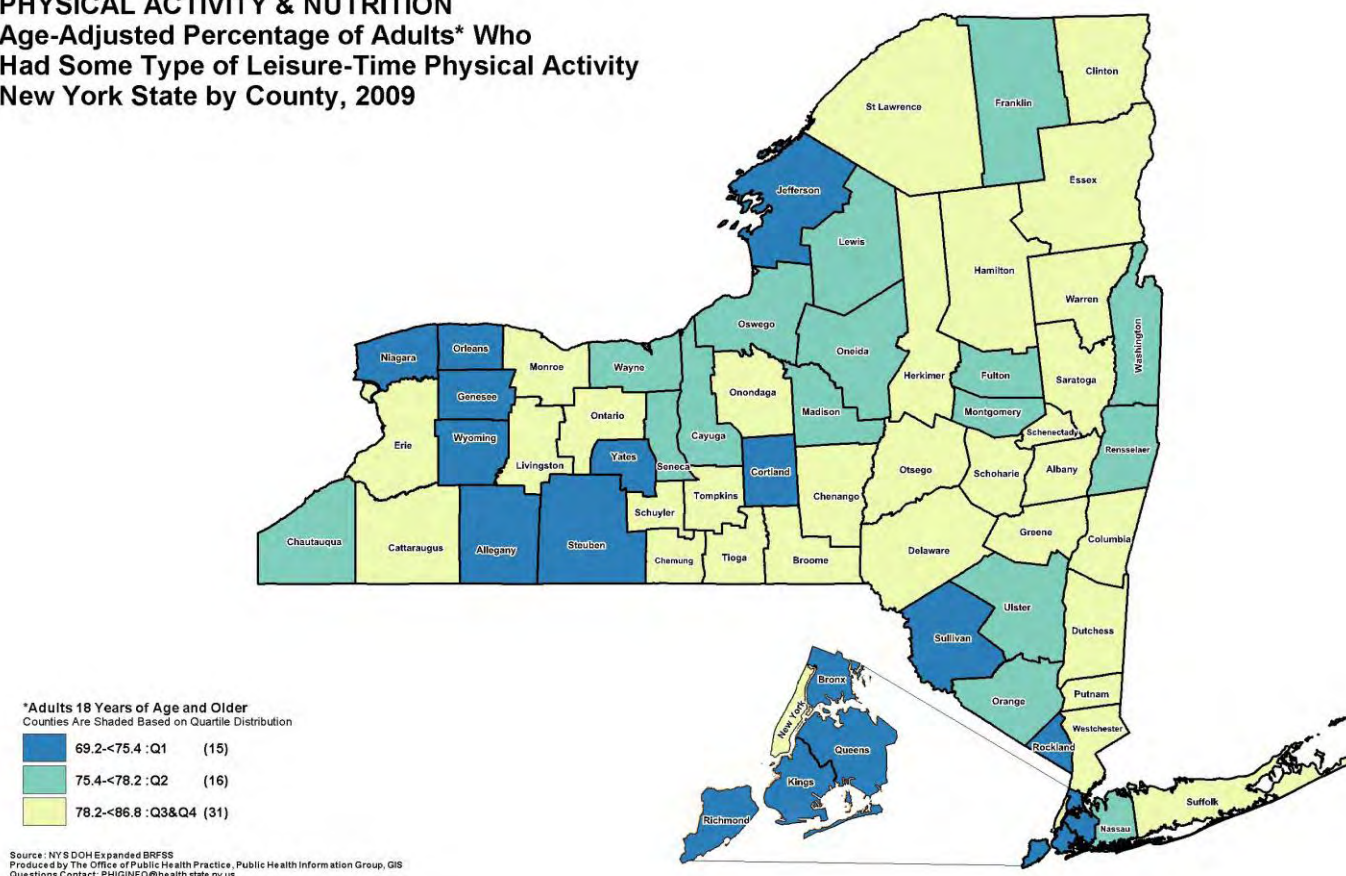


Physical Activity and Nutrition

74.2% of adults in Niagara County identified that they engage in some sort of physical activity/leisure time activity; however, the intensity and frequency of these activities are not known. Data indicates that the population with higher education and income appeared to have the greater amount of leisure-time activity identified. Only 27.1% of the adult population reported eating at least 5 fruits and vegetables daily. Programs within Niagara County such as Cornell Cooperative Extension's Nutrition Programs and Creating Healthy Places to Live, Work and Play grant, WIC and Head Start have a primary focus on nutrition and physical activity for children and adults in the low socio-economic range. However, these programs often experience cut backs in funding and therefore continue to have limited resources. The education system continues to be instrumental in teaching healthy eating habits and encouraging children to stay physically active. The YWCA, YMCA and various city and town recreation departments have physical activity programs for children and adults year round, though many programs are concentrated during the summer months. There are 46 children's day camps in Niagara County held during the

summer months that are inspected by the Niagara County Department of Health. Physical activity programs such as the Sliver Sneakers program is available to seniors, as well as programs at specific senior nutrition sites and centers.

PHYSICAL ACTIVITY & NUTRITION **Age-Adjusted Percentage of Adults* Who** **Had Some Type of Leisure-Time Physical Activity** **New York State by County, 2009**



Mental Health/Substance Abuse

BRFSS data indicates that the suicide mortality rate per 100,000 in Niagara County is 9.7%, higher than the New York State average of 7.5%. 10.9 % of adults in Niagara County reported poor mental health in the past month. The greater percentage being female with income levels below \$24,000 and between the ages of 45-54. In the Community Health Survey (May 2013-1453 respondents), 40% of the participants said their mood was neutral, and approximately 35% categorized themselves as happy. 15% identified their mood as worried and 7% were sad.

22.4 % of adults report binge drinking. Drug-related hospitalizations per 10,000 are at 27.7% higher than the New York State rate. One note that may be related to alcohol use is Niagara County's rate of hospitalizations and

cirrhosis deaths. Niagara County's rate of cirrhosis deaths ranks 2nd highest in Western New York at 8.5% per 100,000 residents and hospitalizations 2nd in the region at 2.4%. Excessive alcohol consumption is a major contributing factor to cirrhosis. A disparity in the drug related hospitalization rates regarding blacks at 62.9% versus Caucasians at 24.3% is noted.

Drug-related hospitalization rate per 10,000

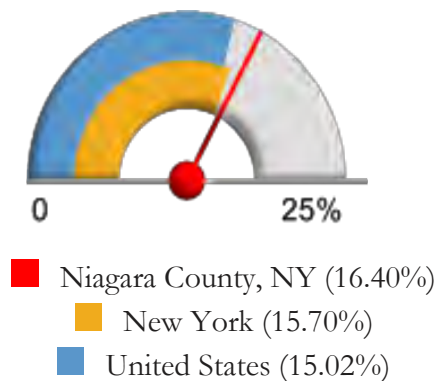
Source: 2008-2010 SPARCS Data as of May, 2011

Region/County	Discharges				Average Population	Crude	Adjusted
	2008	2009	2010	Total	2008-2010	Rate	Rate
Western New York							
Allegany	55	63	60	178	49,251	12.0	11.9
Cattaraugus	104	116	99	319	79,898	13.3	14.3
Chautauqua	253	253	234	740	134,066	18.4	20.1
Erie	3,070	2,810	2,343	8,223	912,711	30.0	30.7
Genesee	119	98	124	341	58,589	19.4	20.5
Niagara	548	542	613	1,703	215,163	26.4	27.6
Orleans	50	64	53	167	42,356	13.1	13.0
Wyoming	53	37	60	150	41,735	12.0	11.9
Region Total	4,252	3,983	3,586	11,821	1,533,769	25.7	26.5

Alcohol Consumption

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption, defined as more than two drinks per day for men and one drink per day for women. This indicator is relevant because current behaviors are determinants of future health, and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

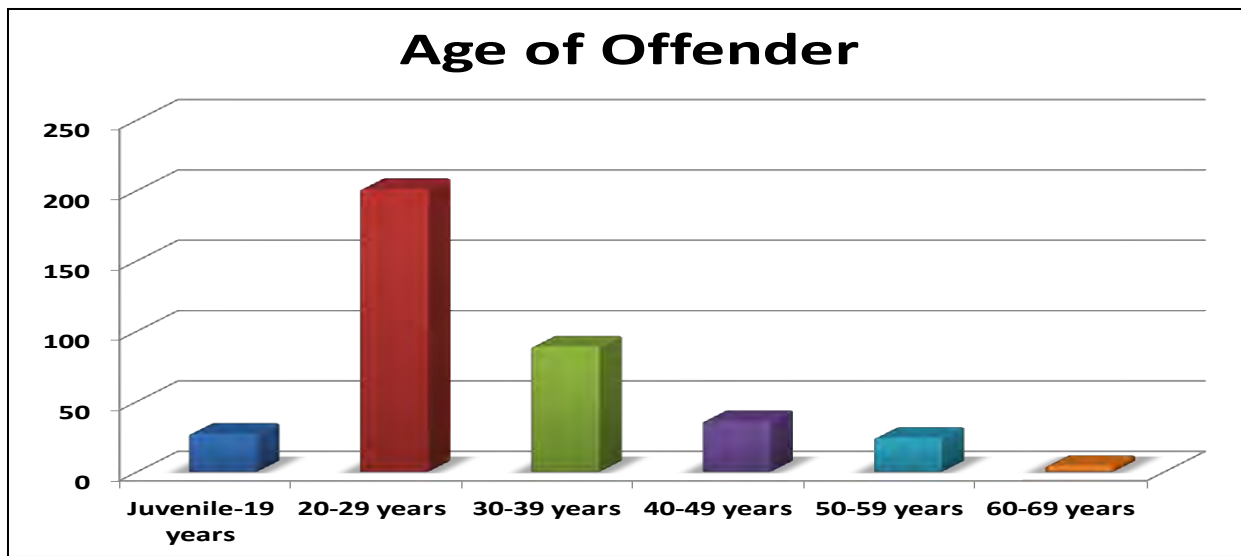
Percent Population Heavily Consuming Alcohol



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2006-10

The following information was provided by the Niagara Falls Police Department Crime/Intelligence Analyst from the Field Investigation Unit. This data is from 2012 and relates to arrests in the City of Niagara Falls for drug possession.

There is a significant disparity in the age and gender of those arrested for drug possession. Most arrests are of those in the 20-29 year old range followed by 30-39 year olds, and a steady decrease with age.



The chart to the right shows a greater percentage of those arrested are male.

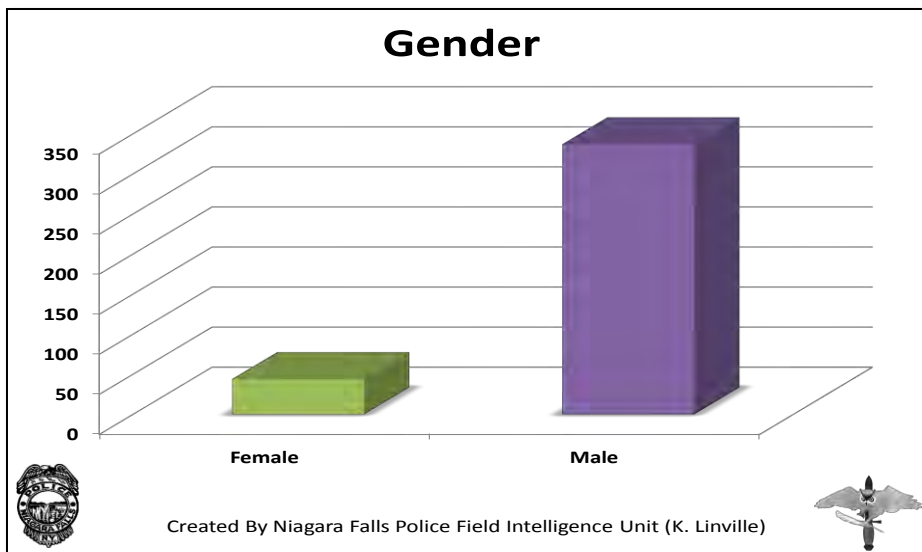
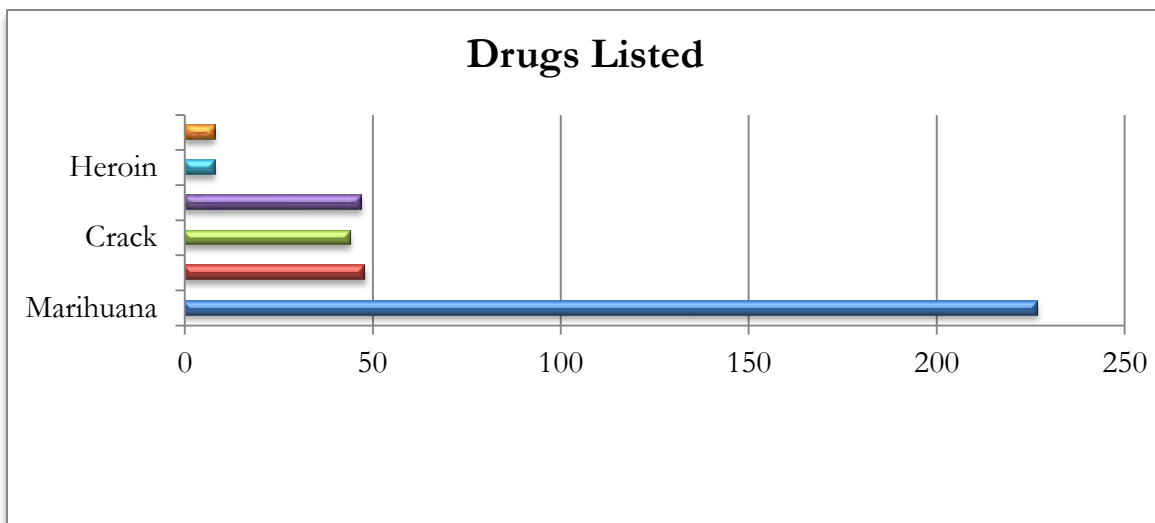


Chart indicates the type of drug that was involved in the arrest.



Mental Health Hospitalization Utilization Rates

Data Source: Medicaid - Department of Health eMedNY Extract for OMH)

	Niagara County		New York State	
	Daily Census	Rate /10,000 Pop	Daily Census	Rate /10,000 Pop
Adults (age 18 +)	83.7	5.0	7,167.5	4.7
General Hospital	50.1	3.0	4,138.4	2.7
Private Hospital	.4	.0	60.0	.0
State PC	33.2	2.0	2,969.1	2.0
Children (age 0 - 17)	19.3	4.3	1,509.3	3.4
General Hospital	1.5	.3	335.7	.8
Private Hospital	1.0	.2	263.5	.6
State PC	5.6	1.2	396.6	.9

Psychiatric readmissions were only listed for Niagara Falls Memorial Center. After 30 days of discharge the readmission rate was 27% compared to New York State rate of 20%.

Below is listed information regarding the use of psychotropic medications of children and adults.

(Data Source: Medicaid - Department of Health eMedNY Extract for OMH)

	Niagara County	New York State
Children under the age of 6 receiving any psychotropic medications	81	4,816
Children on any psychotropic medication for >=90 days	923	40,082
% Children on 3 or more psychotropic medications >=90 days	25.7%	20.5%
Adults on any psychotropic medication for >=90 Days	2,768	192,837
% Adults on 4 or more psychotropic medications >=90 days	16%	13.7%
Individuals with cardiometabolic condition and on antipsychotic medication	832	58,907
% Individuals with cardiometabolic condition and on antipschotic medication	59.6%	48.6%

Mental Health and Chronic Disease

The Center for Disease Control (CDC) website, www.cdc.gov, has resources regarding the link between mental health and chronic disease. In the article “The Vital Link Between Chronic Disease and Depressive Disorders” authored by Daniel P. Chapman, PhD, Geraldine S. Perry, Dr PH and Tara W. Strine, MPH, the link between mental illnesses, most specially depressive disorders, were associated with increased prevalence of chronic diseases. “Chronic diseases have assumed an increasingly important role in public health research and intervention. Without treatment, depressive disorders characteristically assume a chronic course and are expected, by 2020, to be second

only to heart disease in the global burden of disease. Thus, understanding the relationship between depressive disorders and chronic disease appears vital to public health assessment and health care delivery.”

Chronic diseases included in this study were: Asthma, Arthritis, Cardiovascular diseases, Stroke, Cancers, Diabetes and Obesity. The conclusion of the study indicated that the presence of a mental illness can affect the etiology of chronic disease. “This association between depression and chronic disease appears attributable to depressive disorders precipitating chronic disease and to chronic disease exacerbating symptoms of depression.”

The Community Health Improvement Plan collaborative group identified the disparity of chronic disease and mental hygiene concerns as an issue to address. More information will be included in the section 4 as well as the Community Health Improvement Plan itself.

Dental Health

According to the New York State Oral Health Surveillance System Report, “data regarding oral disease and treatment are not routinely available. The lack of data on disease levels and treatment needs has hampered the ability to assess problems, monitor progress and identify solutions”. Therefore, attempts have been made to work with the New York State Department of Health and the Centers for Disease Control and Prevention (CDC) to monitor oral health status and develop assessment tools for oral health indicators. Data was collected conducting a survey of 3rd grade children to obtain the data below.

Oral Health Indicators Niagara County-2009-2011

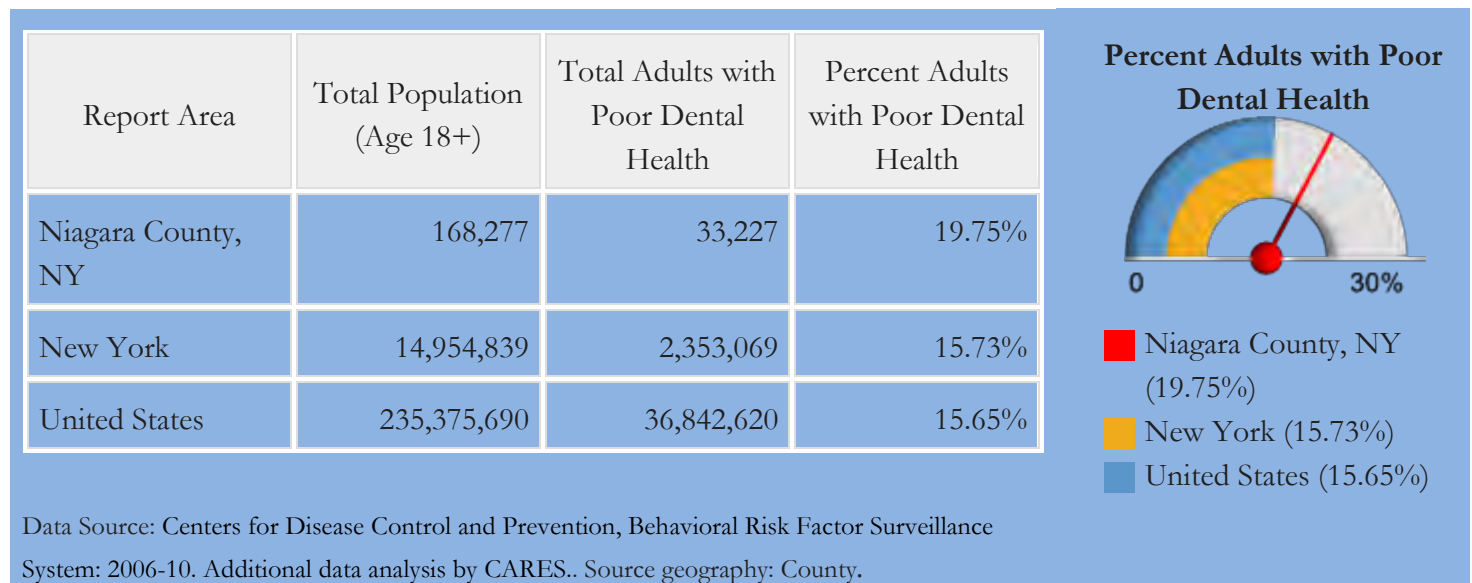
Indicator	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.
% of 3rd grade children with caries experience #	58.3	N/A	N/A	45.4	Yes
% of 3rd grade children with untreated caries #	21.4	N/A	N/A	24.0	Yes
% of 3rd grade children with dental sealants #	31.7	N/A	N/A	41.9	No
% of 3rd grade children with dental insurance #	84.1	N/A	N/A	81.8	Yes
% of 3rd grade children with at least one dental visit in last year #	74.4	N/A	N/A	83.4	No
% of 3rd grade children reported taking fluoride tablets regularly #	26.9	N/A	N/A	41.9	Yes
Age-adjusted % of adults who had a dentist visit within the past year # (2008-2009)	74.3	71.1	No	72.7	No
Caries emergency department visit rate per 10,000 (ages 3-5 years) (2008-2010)	145.4	65.8	Yes	69.9	Yes
% of Medicaid enrollees with at least one dental visit within the last year # (2008-2010)	32.1	31.3	Yes	29.4	Yes

% of Medicaid enrollees with at least one preventive dental visit within the last year # (2008-2010)	28.0	25.9	Yes	23.4	Yes
% of Medicaid enrollees (ages 2-20 years) who had at least one dental visit within the last year # (2008-2010)	45.2	40.8	Yes	40.5	Yes
Age-adjusted incidence per 100,000 (2007-2009)	13.5	10.4	Yes	10.8	No
Age-adjusted mortality rate per 100,000 (2007-2009)	3.2	2.1	No	2.0	No
Mortality per 100,000 (ages 45-74 years) (2007-2009)	6.8	4.4	No	4.2	No

N/A: Data not available *****: Fewer than 10 events in the numerator, therefore the rate is unstable **#:** Data not available for individual NYC counties. Data do not meet reporting criteria

74.3% of adults in Niagara County identified at least one dental visit within the past year and that the cost of dental care as a barrier to seeking treatment. Oral health Indicators in Niagara County for 3rd grade children reveal that 60.6% of low socio-economic children have some form of dental insurance and 71.5% of high socio-economic have some form of dental insurance. 89.1% of high socio-economic children had a dental visit within the past year where as 67.1% of low socio-economic children had a dental visit within the past year. 21.8% of high socio-economic children had untreated dental caries and 39.7% of low socio-economic children had untreated dental caries. The rate of dental visits for children 3-5 years old was 62.7% higher than the New York State rate of 57.5%.

The Niagara County Department of Health distributes dental health information at all immunizations clinics through the Nursing Division. Environmental Health distributes information through the Healthy Neighborhoods Program and Lead Program through home visits. The Children With Special Needs Program also provides information to parents. All divisions have a dental referral listing of dentists who accept Medicaid or sliding scale.



Social Determinants of Health and Health Disparities

Social determinants of health are conditions in the environments in which people are born, live, work, play, worship and age that affect health. These effects can relate to quality of life, health outcomes and risks. (Healthy People 2020). Social determinants may include: access to health care, access and quality of educational services and job training, transportation, public safety, language/literacy, culture and poverty. Physical determinants can include: housing, exposure to toxic substances, natural environment, built environment, worksites and recreational settings. Healthy People 2020 identified 5 key determinants to focus on in the quest for healthier people and communities.

Economic Stability refers to poverty, and employment. Education refers to high school graduation rates, school policies and health promotion, school environments and their conduciveness to learning. Social and Community Context refers to family structure, social cohesion, perception of discrimination and equity and civic participation.

Health and Health Care refers to access to services, access to primary care and community prevention programs and health technology.

Neighborhood and Built environment refers to quality of housing, crime and violence, access to healthy foods and environmental conditions. By assessing and identifying the determinants of health in our communities and county, we can begin to focus on specific health disparities.



Much attention has been given in the health care field to health disparities. By simple definition, a disparity is something that is unequal or different. A general example would be the inequities in the salaries between men and women or perhaps the rates of chronic diseases among certain populations. A disparity can be related to characteristics such as gender, race, poverty, education and other socioeconomic factors as noted above regarding social determinants.

According to the New York State Medicaid Redesign Team Committee on Health Disparity the top Prevention Agenda Health Disparities Indicators are:

- Tuberculosis-Asians are almost 33 more likely to be diagnosed with TB than whites
- Gonorrhea-Black non-Hispanics are 37 times more likely to be diagnosed than whites.

- HIV-Black non-Hispanic almost 10 times more likely to be diagnosed than whites.
- Asthma Hospitalization-Black non-Hispanic are 5 times more likely to be hospitalized than whites.
- Drug-related Hospitalization-Black non-Hispanics are 2 times more likely to be hospitalized than other race/ethnic groups.
- Diabetes-Black non-Hispanics are 4 times more likely to be hospitalized than whites.
- Infant Mortality-Black non-Hispanics infant mortality is almost 3 times more likely than whites.
- Teen Pregnancy-Hispanic teens almost 6 times more likely than whites.

The New York State Minority Health Surveillance Report-County Edition reviews 47 health indicators by race/ethnicity and includes measures of socio-economic status, birth outcomes, prenatal care, hospitalization rates and mortality for a number of chronic disease and injury related condition for each county in New York State. The report does not include data from American Indians, as the data is poorly reported. American Indians make-up approximately .04% of the total New York State population, and efforts are underway to identify challenges and strengths of this population to be included in the next Minority Health Report.

Below is listed information from the Minority Health Surveillance Report 2012.

*In New York State during 2006-2008, Black non-Hispanics had the highest age-adjusted total mortality rate (795.7 per 100,000) compared to all other race/ethnic groups. Black non-Hispanics residing in New York State outside of New York City had a total mortality rate of 850.5 per 100,000.

*Among Black non-Hispanics who died in New York State during 2006-2008, 60.7% died prematurely (before the age of 75). This was the highest percentage of premature death among all race/ethnic groups.

*The Black non-Hispanic population of New York State suffers disproportionately from numerous health problems compared to other race/ethnic groups.

*During 2006-2008, the teen pregnancy rate for Black non-Hispanics was 69.0 per 1,000 females ages 15-17 years this was more than 5 times the rate for White non-Hispanics and Asian/Pacific Islander non-Hispanics. The rate was also well above New York State's Prevention Agenda objective of 28.0 per 1,000 females.

*During 2006-2008, the New York State Black non-Hispanic infant mortality rate, at 11.2 per 1,000 more than twice that of White non-Hispanics and Hispanics and 4 times that of Asian/Pacific Islander non-Hispanics.

*The age-adjusted asthma hospitalization rate among Black non-Hispanics (44.3 per 100,000) was more than 4 times higher than the rate for White non-Hispanics (9.4 per 10,000) and Asian/Pacific Islander non-Hispanics (7.8 per 10,000) during 2006-2008.

*Black non-Hispanic New Yorkers had the highest age-adjusted rates of diabetes mortality (35.1 per 10,000) and hospitalizations (48.4 per 10,000) compared to all other race/ethnic groups during 2006-2008.

*Among counties with a population of at least 5,000 Black non-Hispanics, Rockland County had the lowest Black No-Hispanic age adjusted diabetes hospitalization rate. **Niagara County** had the highest rate (81.9 per 10,000).

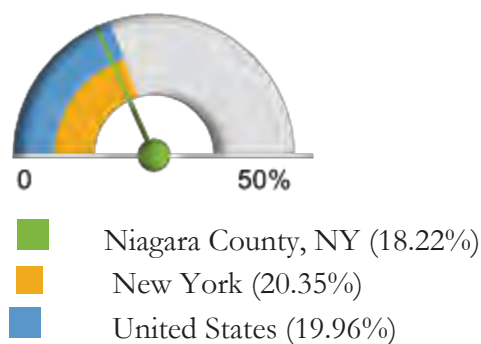
*The age-adjusted mortality rate for diseases of the heart was highest among Black non- Hispanics compared to all other race/ethnic groups in New York State during 2006-2008 (268.1 per 100,000).

*Median household income for New York State Hispanic residents was \$38,688 during 2006-2008. This was the lowest median household income for any race/ethnic group.

Another documented variable that contributes to poor health outcomes and disparities is **low socio-economic status**. Those who experience chronic poverty tend to have a higher prevalence and incidence of disease with poorer outcomes as well as a higher rate of premature death. The Behavioral Risk Factor Surveillance System report reveals greater health risk behaviors (i.e. smoking) in low socio-economic groups than those who live in a higher socio-economic category. Also, educational attainment is a key factor in poverty.

Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
Niagara County, NY	211,608	64,007	30.25%
New York	18,787,162	5,838,051	31.07%
United States	298,788,000	97,686,536	32.69%

Percent Population Under Age 18 in Poverty



Data Source: US Census Bureau, American Community Survey: 2007-11

The following chart is taken from the American Community Survey 2007-2011 and identifies key characteristics of those who experience poverty. Those who are of Hispanic origin, black or African American, or American Indian or Alaskan Native have the highest rates of poverty in Niagara County. There is a 22.2% poverty level of those who have not graduated from high school and a 3.3% poverty level of those who have at least a bachelor's degree. Unemployed females have a poverty rate of 35.7% and males 24.4%.

11 Poverty

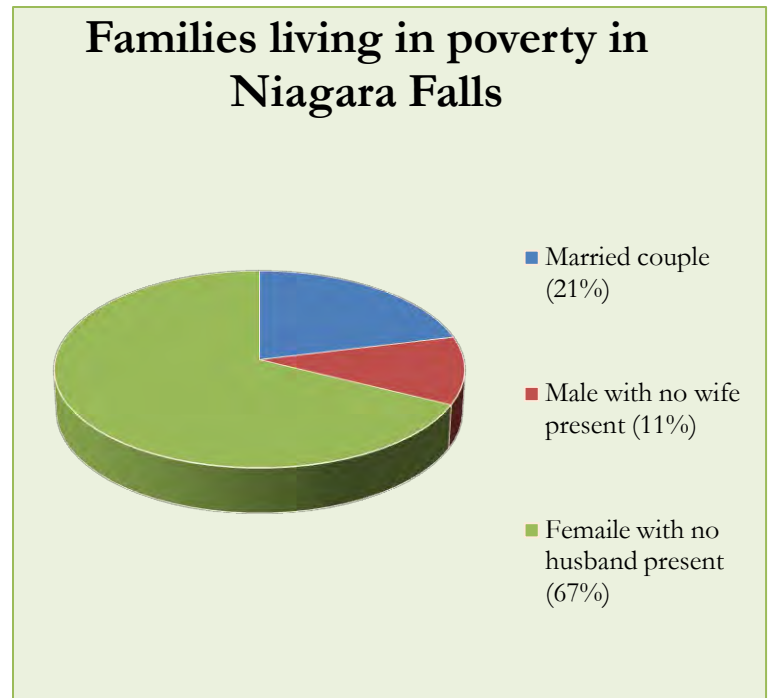
11.1 Poverty characteristics

	TOTAL		BELOW POVERTY LEVEL		PERCENT BELOW POVERTY LEVEL	
	Estimate	Margin of error	Estimate	Margin of error	Estimate	Margin of error
Population for whom poverty status is determined	211,608	± 721	27,151	± 1,678	12.8%	± 0.8
AGE						
Under 18 years	46,299	± 212	8,437	± 779	18.2%	± 1.7
Related children under 18 years	46,135	± 221	8,304	± 773	18.0%	± 1.7
18 to 64 years	132,671	± 653	15,904	± 1,092	12.0%	± 0.8
65 years and over	32,638	± 276	2,810	± 338	8.6%	± 1.0
SEX						
Male	102,926	± 421	11,744	± 838	11.4%	± 0.8
Female	108,682	± 425	15,407	± 1,023	14.2%	± 0.9
RACE AND HISPANIC OR LATINO ORIGIN						
One race	208,054	± 776	26,018	± 1,657	12.5%	± 0.8
White	188,485	± 606	19,432	± 1,466	10.3%	± 0.8
Black or African American	14,898	± 423	5,627	± 680	37.8%	± 4.6
American Indian and Alaska Native	1,912	± 239	410	± 167	21.4%	± 8.4
Asian	2,022	± 145	369	± 145	18.2%	± 7.2
Hispanic or Latino origin (of any race)	4,425	± 118	1,167	± 315	26.4%	± 6.8
White alone, not Hispanic or Latino	185,328	± 541	18,668	± 1,442	10.1%	± 0.8
EDUCATIONAL ATTAINMENT						
Population 25 years and over	146,961	± 394	15,128	± 923	10.3%	± 0.6
Less than high school graduate	16,038	± 820	3,563	± 352	22.2%	± 2.1
High school graduate (includes equivalency)	53,912	± 1,206	6,271	± 490	11.6%	± 0.9
Some college, associate's degree	46,562	± 1,267	4,299	± 460	9.2%	± 1.0
Bachelor's degree or higher	30,449	± 999	995	± 192	3.3%	± 0.6
EMPLOYMENT STATUS						
Civilian labor force 16 years and over	106,868	± 1,118	7,478	± 670	7.0%	± 0.6
Employed	98,510	± 1,198	5,041	± 493	5.1%	± 0.5
Male	49,504	± 830	1,913	± 319	3.9%	± 0.7
Female	49,006	± 814	3,128	± 361	6.4%	± 0.7
Unemployed	8,358	± 669	2,437	± 384	29.2%	± 3.9
Male	4,822	± 472	1,175	± 257	24.4%	± 4.8
Female	3,536	± 436	1,262	± 266	35.7%	± 5.6
WORK EXPERIENCE IN THE PAST 12 MONTHS						
Population 16 years and over	171,351	± 815	19,578	± 1,231	11.4%	± 0.7
Worked full-time, year-round	65,324	± 1,248	1,073	± 234	1.6%	± 0.4
Worked part-time or part-year	45,572	± 1,091	6,366	± 649	14.0%	± 1.4
Did not work	60,455	± 1,159	12,139	± 914	20.1%	± 1.3

Source: 2007-2011 American Community Survey

While poverty exists in each area of the county, the highest percentage of those living in poverty is in the city of Niagara Falls.

The makeup of households is also associated with poverty. In Niagara Falls, there is a disparity among low income households that are lead by females.



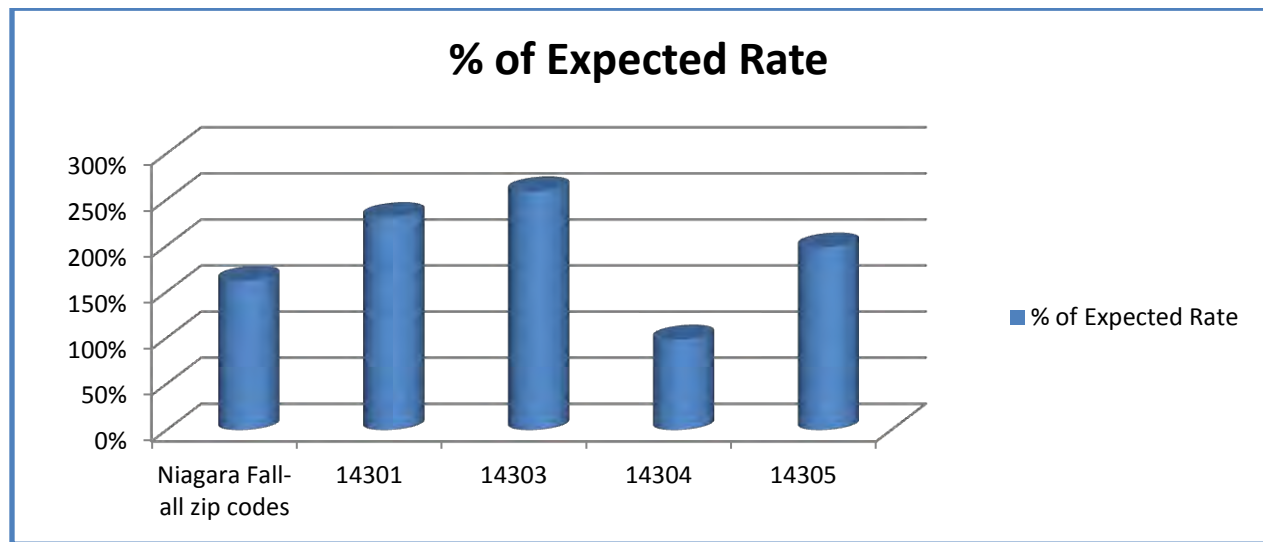
There also has been a steady rise in the number of children less than age 18 who are living in poverty.

Percentage of children ages <18 years at or below poverty level in Niagara County

Source: New York State Department of Health

	Crude Rate
Year	Single Year
2001	15.0
2002	15.3
2003	16.7
2004	16.7
2005	15.0
2006	16.8
2007	16.8
2008	16.8
2009	19.2
2010	19.9

In Niagara Falls, the poverty rate among those who did not graduate from high school is 39.7%. The zip code areas most associated with low poverty levels are 14301, 14303, 14305. The correlation between poverty and health is illustrated by the chart below regarding hospital admissions for diabetes in those zip codes.



More disparities in **chronic disease** can be seen in the following chart. Categories to note are the rate of premature deaths among the race/ethnicity, birth related outcomes, as well as percentage of diseases of the heart and diabetes hospitalization rates. Other disparities are shaded in grey in the Niagara County Health Indicators by Race/Ethnicity below.

Niagara County Health Indicators by Race/Ethnicity, 2008-2010 (New York State Department of Health)

Health Indicator	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
Socio-Demographic Indicators					
Population (2010)	191,261	15,922	2,119	4,694	216,469
Percent of Population	88.4%	7.4%	1.0%	2.2%	100.0%
Median Annual Household Income in US Dollars (2008-10) *	47,188	25,299	27,005	31,991	45,101
Percent of Families Below Poverty (2008-10) *	7.8%	35.6%	s	s	10.0%

General Health Indicators					
Total Mortality per 100,000, Age-adjusted	799.5	925.7	160.3~	646.9	811.2
Percent Premature Deaths (< 75 Years)	37.1%	64.6%	71.4%~	53.8%	38.9%
Years of Potential Life Lost per 100,000, Age-adjusted	6,755	11,826	1,341~	7,353	7,215
Birth-Related Indicators					
Number of Births per Year (3 Year Average)	1,822	220	25	77	2,261
Percent Births with Early (1st Trimester) Prenatal Care	76.6%	65.0%	78.9%	63.9%	74.5%
Percent Adequate Prenatal Care (Kotelchuck Index)	70.4%	56.6%	66.7%	62.4%	68.3%
Percent Premature Births (< 37 Weeks Gestation)	10.9%	19.3%	11.0%~	15.8%	11.9%
Percent Low Birthweight Births (< 2.5 Kg)	7.2%	16.1%	9.5%~	11.7%	8.2%
Teen (Age 15-17) Pregnancy Rate per 1,000	18.0	71.2	0.0~	71.9	27.5
Total Pregnancy Rate per 1,000 Age 15-44 Females	69.8	131.5	86.4	137.6	80.9
Fertility Rate per 1,000 (All Births/Female Population 15-44)	51.4	66.6	48.5	88.6	55.6
Infant Mortality per 1,000 Live Births	4.4	19.7~	0.0~	13.0~	6.5
Injury-Related Indicators					
Motor Vehicle-Related Mortality per 100,000, Age-adjusted	10.8	s	0.0~	s	10.2
Unintentional Injury Mortality per 100,000, Age-adjusted	31.2	32.4~	0.0~	23.5~	31.1
Unintentional Injury Hospitalizations per 10,000, Age-adjusted	65.0	74.5	12.8~	29.8	67.1
Poisoning Hospitalizations per 10,000, Age-adjusted	12.6	28.7	5.7~	6.4~	14.0
Fall Hospitalizations per 10,000, Age 65+ Years	221.3	108.8	0.0~	47.1~	217.1
Respiratory Disease Indicators					
Asthma Hospitalizations per 10,000, Age-adjusted	9.5	27.4	s	14.5~	11.1
Asthma Hospitalizations per 10,000, Age 0-17 Years	9.4	23.7	s	14.7~	12.0
CLRD/COPD Mortality per 100,000, 18+ Years	83.5	39.8~	0.0~	0.0~	78.8
COPD/CLRD Hospitalizations per 10,000, 18+ Years	63.7	68.6	s	27.8	63.3
Heart Disease and Stroke Indicators					
Diseases of the Heart Mortality per 100,000, Age-adjusted	255.4	309.3	s	179.4~	259.8
Diseases of the Heart Hospitalizations per 10,000, Age-adjusted	138.1	213.6	42.0	84.2	143.9
Cerebrovascular Disease (Stroke) Mortality per 100,000, Age-adjusted	36.8	50.0~	0.0~	s	37.2
Cerebrovascular Disease (Stroke) Hospitalizations per 10,000, Age-adjusted	29.8	56.4	9.2~	9.4~	31.5
Coronary Heart Disease Mortality per 100,000, Age-adjusted	201.6	239.8	s	159.0~	205.1
Coronary Heart Disease Hospitalizations per 10,000, Age-adjusted	64.9	85.5	15.5~	37.5	66.9
Congestive Heart Failure Mortality per 100,000, 18+ Years	33.2	16.6~	0.0~	s	31.7
Congestive Heart Failure Hospitalizations per 10,000, Age 18+ Years	54.1	82.9	12.7~	21.1~	55.4
Diabetes Indicators					
Diabetes Mortality per 100,000, Age-adjusted	17.0	35.3~	0.0~	0.0~	18.6

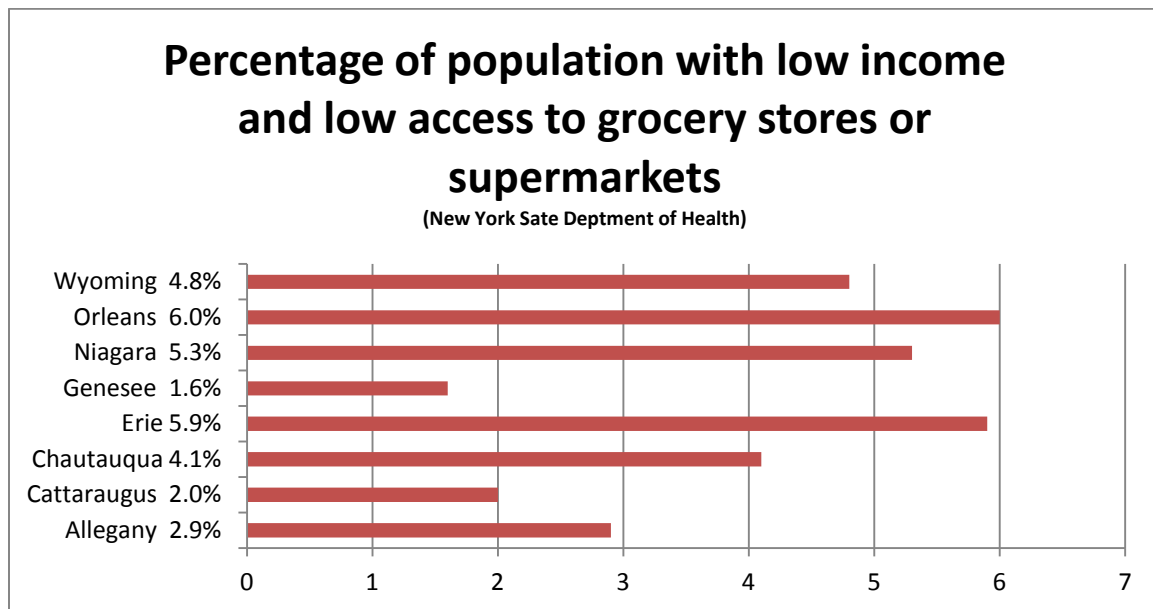
Diabetes Hospitalizations per 10,000 (Primary Dx ICD9 250), Age-adjusted	17.9	65.8	s	19.3~	21.3
Diabetes Hospitalizations per 10,000 (Any Dx ICD9 250), Age-adjusted	225.5	538.7	76.5	173.3	246.6
Diabetes Short-term Complications Hospitalizations per 10,000, Age 6-18 Years	2.4~	2.8~	0.0~	s	2.4
Diabetes Short-term Complications Hospitalizations per 10,000, Age 18+ Years	7.7	27.5	0.0~	7.9~	9.2
Cancer Indicators					
Lung Cancer Incidence per 100,000, Age-adjusted (2007-09)	77.9	87.5	s	s	77.6
Colorectal Cancer Mortality per 100,000, Age-adjusted (2007-09)	15.7	18.7~	s	s	15.7
Female Breast Cancer Mortality per 100,000, Age-adjusted (2007-09)	26.4	s	s	s	25.5
Cervix Uteri Cancer Mortality per 100,000, Age-adjusted (2007-09)	s	s	s	s	s
Percent Early Stage Colorectal Cancer (2007-09)	46.4%	s	s	s	45.8%
Percent Early Stage Female Breast Cancer (2007-09)	72.2%	67.7%	s	s	70.8%
Percent Early Stage Cervical Cancer (2007-09)	55.0%~	s	s	s	50.0%~
Substance Abuse and Mental Health-Related Indicators					
Drug-related Hospitalizations per 10,000, Age-adjusted	24.3	62.9	11.1~	24.4	27.6
Suicide Mortality per 100,000, Age-adjusted	10.2	s	0.0~	s	9.6

Key

Symbol	Meaning
s	Total suppressed for confidentiality
~	Fewer than 20 events in the numerator; therefore the rate is unstable
*	Hispanics are not excluded from the Black and Asian/Pacific Islander categories. Pacific Islanders are not included in the Asian/Pacific Islander category

Another factor in considering poverty as a disparity is **food security**. Cornell Cooperative Extension prepared a Food Security Report for Niagara County in October 2011 as part of the Hunger-Free Community Grant. Food security refers to food acquisition habits, attitude toward eating, accessibility, food consumption and food security of households. The population that represented those who identified themselves as food secure tended to be in the older aged categories. The survey found that a comparatively higher percentage of survey respondents classified a Low or Very Low Food Security had household incomes less than \$30,000 and a lower graduation rate. Niagara Falls had the lowest score for food security while the urban areas were the highest.

The low income populations also have barriers in accessing foods from grocery stores or large supermarkets due to transportation and/or lack of resources within their communities.



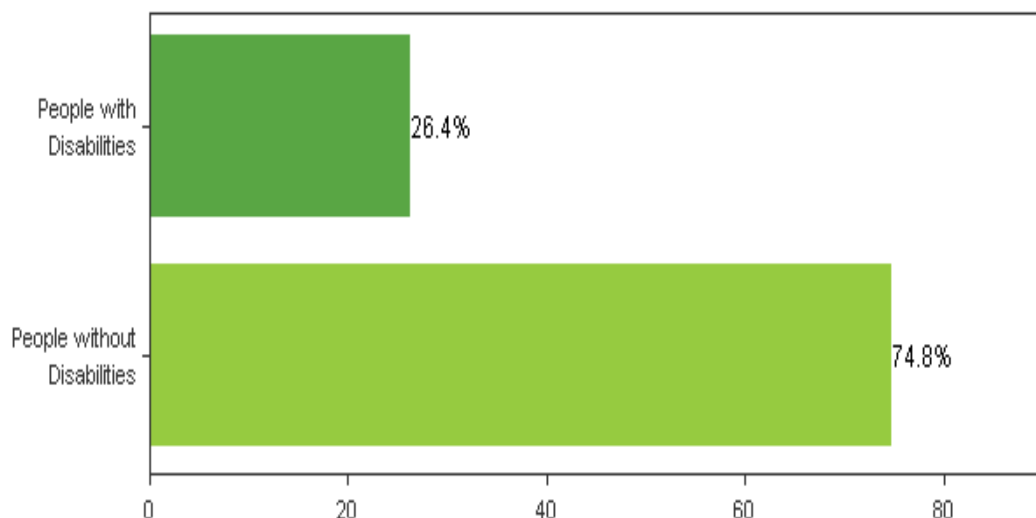
Disparities within the **LGBT** (Lesbian, Gay, Bi-sexual, Transgender) population exists as well. Information from the American Medical Network indicates that the medical community may lack knowledge of the health issues relevant to this population and patients often identify experiencing negative attitudes from medical personnel. Studies have indicated that many in the LGBT community conceal their sexuality, which may lead to failure to screen, diagnose or treat medical problems. A study conducted by Harris Interactive revealed that 25% of the LGBT population does not have health insurance.

Disparity exists among those identified as having a **disability**. The New York State Independent Living Council compiled a 2012 Needs Assessment designed to collect input to help guide the development of the next three-year State Plan for Independent Living (SPIL). Key findings are below.

- There are a high number of veterans with disabilities in New York (232,805) with a high incidence of disability (25.1%) compared to the general population and people with disabilities (11%).
- The poverty rate for New Yorkers with disabilities ages 18-64 is 28.6% - more than twice the rate for persons without disabilities in the State.
- The employment rate for New Yorkers with disabilities ages 18-64 is 31.2% - a 40.8% gap compared to persons without disabilities in the State.
- When types of disabilities among New Yorkers are compared to employment and poverty rates, people with mental health disabilities have low employment (25.3%) and high poverty (35.7%) rates.

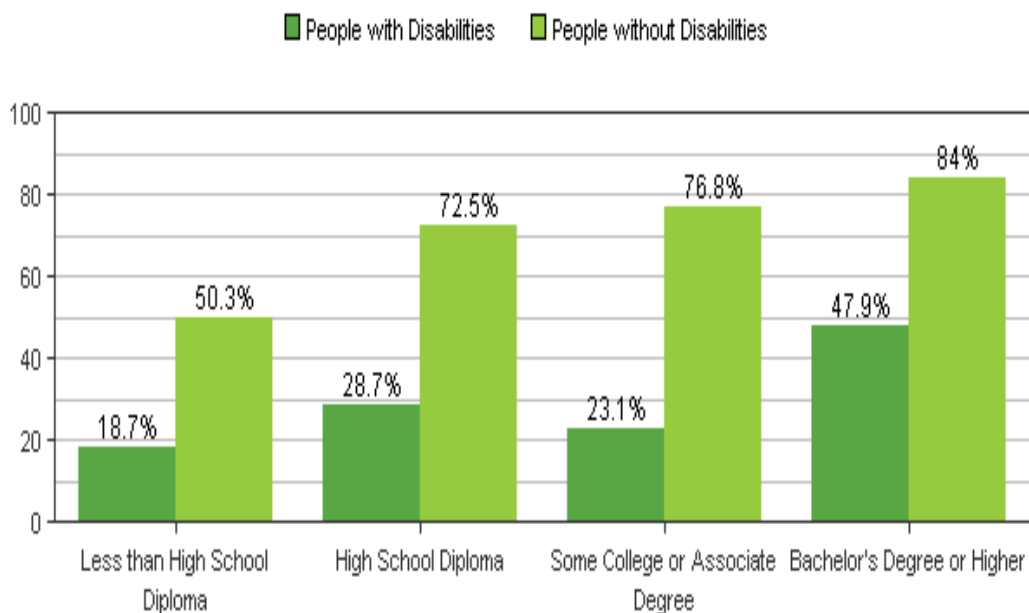
Physical and mental health disabilities makeup the greater percentage of disabilities identified.

Employment Rate Related to Disabilities (source: New York Makes Work Pay)



Another disparity is revealed when considering the employment rates for those with disabilities. In Niagara County, the employment rate for working-age people with disabilities is 26.4%, compared to 74.8% for people without disabilities, a gap of 48.4%.

Employment Rates for Working-Age People by Educational Attainment in Niagara County



Although much attention has been given to race/ethnicity and poverty in this section, additional disparities exist among the population. The challenge in public health is to identify these disparities and collaborate with community partners to assist in helping these groups access quality care, achieve and maintain good health.

2. Identification of the Main Health Challenges in Niagara County

Many of the health challenges that affect Niagara County have been discussed in the previous sections that relate to chronic diseases, social determinants and disparities. Below is a listing of notable health challenges.

- 2nd in the region for premature death due to cardiovascular disease
- 1st in the Western New York region in hospitalizations due to stroke
- Rising hypertension rates
- Prevailing high rates of hospitalizations for diabetes, asthma, falls in the elderly and drug related hospitalizations
- Consistently high rates of smoking (26.2%)
- Low scores relating to adults engaging in physical activity on a regular basis
- 66.9% of adults are overweight or obese
- Zip code areas 14208, 14301, 14305 and 14303 have increased rates of teen pregnancy
- Zip code 14303 has the highest rate of late or no prenatal care along with a high rate of out of wedlock births
- High rate of CLRD/COPD mortality
- Increasing rate of emergency room visits for asthma
- Suicide rate higher than the New York State rate
- Poverty and disparity issues in minority populations particularly in Niagara Falls
- Co morbidity of chronic disease and mental hygiene issues

Contributing Causes of Health Challenges

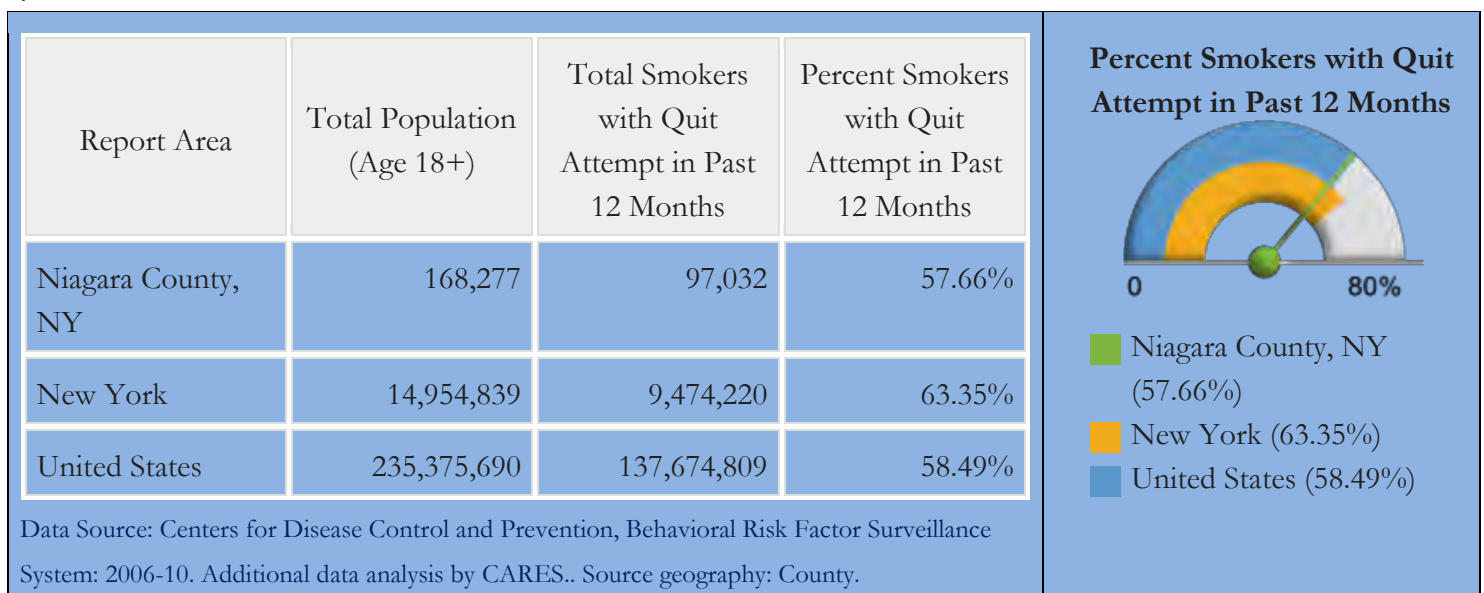
Behavioral Risk Factors

The Community Health Survey (May 2013) respondents identified the top areas of concern as Chronic Disease (cancer, heart disease, overweight/obesity) and Mental Health. These will be included in the listing below of contributing causes of health challenges.

- According to the Expanded Behavioral Risk Factor Surveillance System (BRFSS) of December 2013, 26.6% of Niagara County residents are obese. 14.5 % of WIC children (age 2-4) are identified as obese as compared to the New York State rate of 14.4%.
- In Niagara County, 26.2% are smokers, with the greater percentage being female. The age range that includes the higher percentage of smokers is between 45-64 years of age.

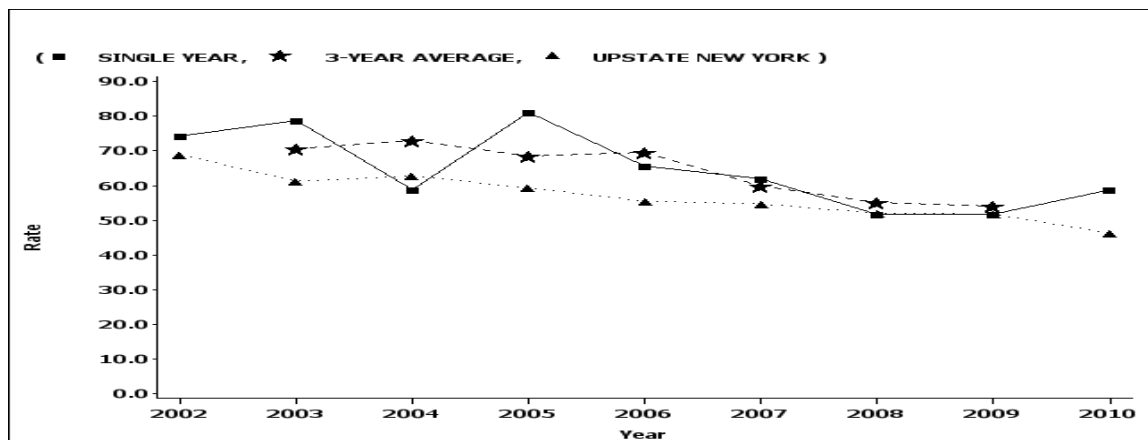
Tobacco Usage (Quit Attempts)

An estimated 57.66% or 97,032 adult smokers in the report area attempted to quit smoking for at least 1 day in the past year. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease, and supporting efforts to quit smoking may increase positive health outcomes.



- 74.3% of adults had a dental visit within the past year.
- 74.9% of adults age 65+ received flu shots within the past year. The percentage of adults 65 or older ever receiving a pneumonia shot was 75.3%.
- The unintentional injury death rate for Niagara County is 31.3% per 100,000 residents, with a 67.7% per 10,000 hospitalization rate. In Niagara County unintentional falls hospitalizations rates for those 65+ is 216.3 per 10,000.
- Motor vehicle deaths and injuries per 100,000 residents were 10.3%

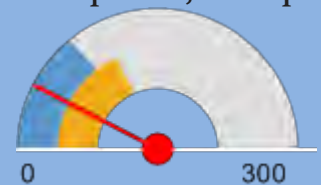
Niagara County Alcohol related motor vehicle injuries and deaths per 100,000



- 22.4% of adults identify binge drinking (5 or more drinks in a row) within the past month.
- 81.7% of children had at least one lead screening by age 36 months.
- The suicide mortality rate was 9.7%
- Low number of Primary Care Physicians per 100,000 population

Report Area	Total Population, 2011	Total Primary Care Physicians, 2011	Primary Care Physicians, Rate per 100,000 Pop.
Niagara County, NY	216,011	97	44.91
New York	19,465,197	21,329	109.58
United States	311,591,917	267,437	85.83

Primary Care Physicians, Rate per 100,000 Pop.



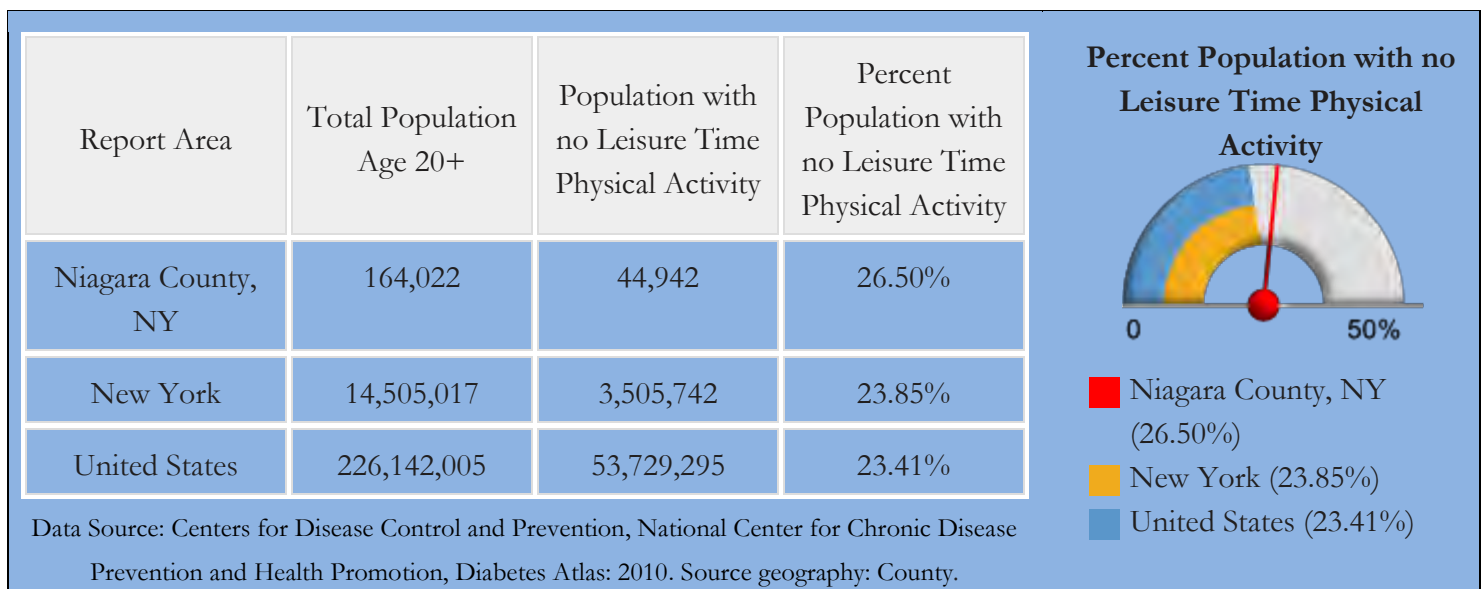
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2013. Source geography: County.

- Adults reported 14 or more days with poor mental health was 10.9%.
- Work related hospitalizations per 10,000 were 38.2% compared to the NYS rate of 17%.
- 38.85% of respondents to the Community Health Survey (May 2013) stated that not having enough time was a barrier to their health.
- 31.94% of respondents to the Community Health Survey (May 2013) stated that they take care of their family's health before their own.

- 17% of respondents to the Community Health Survey (may 2103) said they only seek medical attention when they are sick.
- 74.2% of adults stated they had engaged in leisure-time activities and only 27.1% ate 5 or more servings of fruits and vegetables per day.

Physical Inactivity (Adult)

Within the report area, 44,942 or 26.50% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health, and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.



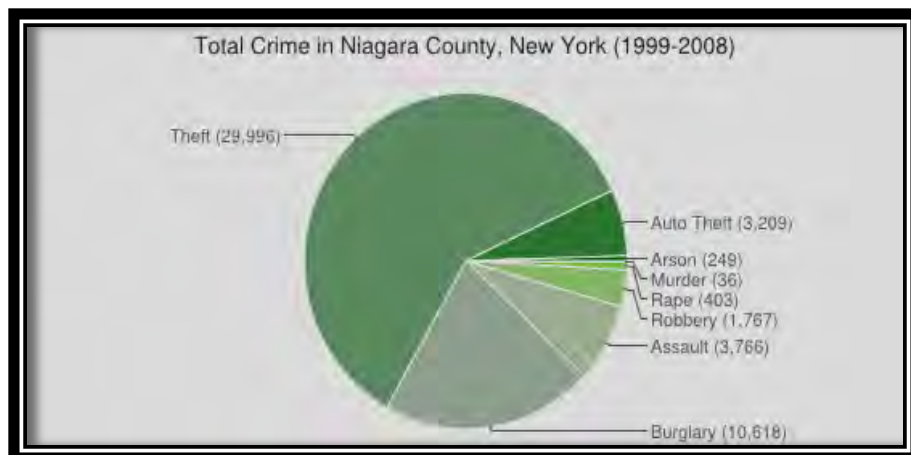
Environmental Risk Factors

Safety and security within the community and private homes is an essential part of health. Feeling unsafe while traveling within the community, walking, in private home or just carrying on daily activities can have an impact on health. Comments were made during the focus groups that indicated that people were aware of the risk factors of their communities and in some communities they felt unsafe. Because of these perceptions, they either altered their activity or did not engage at all.

General crime rates in Niagara County (fedstats.com) for larceny-theft and burglary are the highest. According to neighborhoodscout.com, the crime rates for violent crime, property crime and crimes per square mile greatly exceed the New York State rates in the City of Niagara Falls.

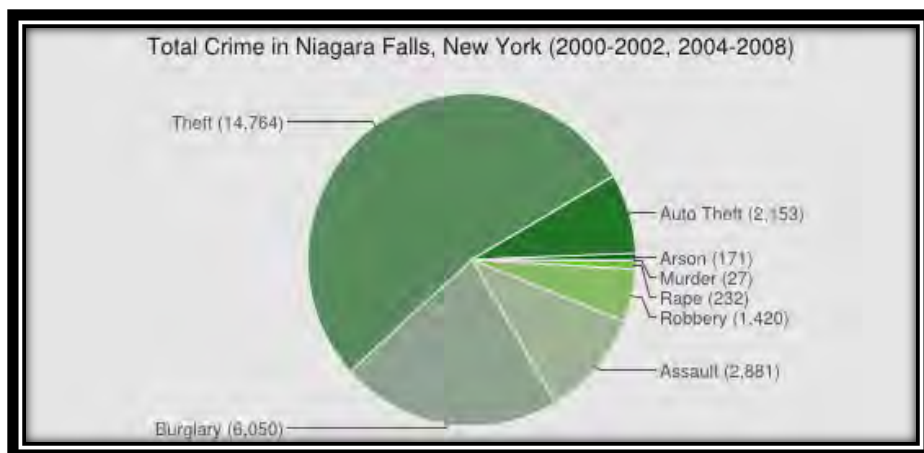
Total Crime-Niagara County (source-recordspedia.com)

Between 1999 and 2008 there were 50,044 total crimes reported in Niagara County, New York (5,972 of them violent). Of the 5,004 crimes that occur a year in Niagara County, almost half happen less than a mile from home. On average, in Niagara County, New York, crime occurs 14 times a day. This includes 36 murders, 403 rapes, and more than thirty-three thousand thefts (including 3,209 motor vehicle thefts).



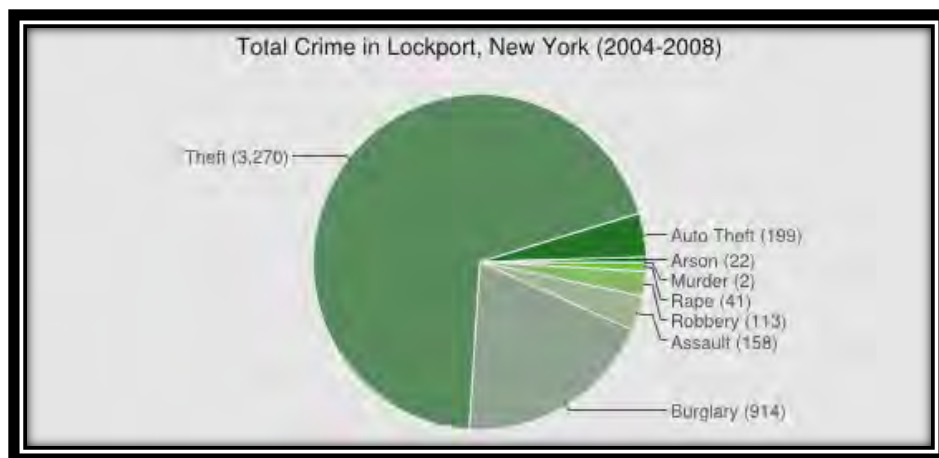
Total Crime-Niagara Falls

Between 2000 and 2008 there were 27,698 total crimes reported in Niagara Falls, New York (4,560 of them violent). Of the 3,462 crimes that take place per year in Niagara Falls, close to 50% transpire less than one mile from home. On average, in Niagara Falls, New York, a crime occurs every 2 hours. This includes 27 murders, 232 rapes, and just about seventeen thousand thefts (including 2,153 car thefts). Please note that these figures do not include crime statistics for 1999 or 2003, as there were no data available for those years.



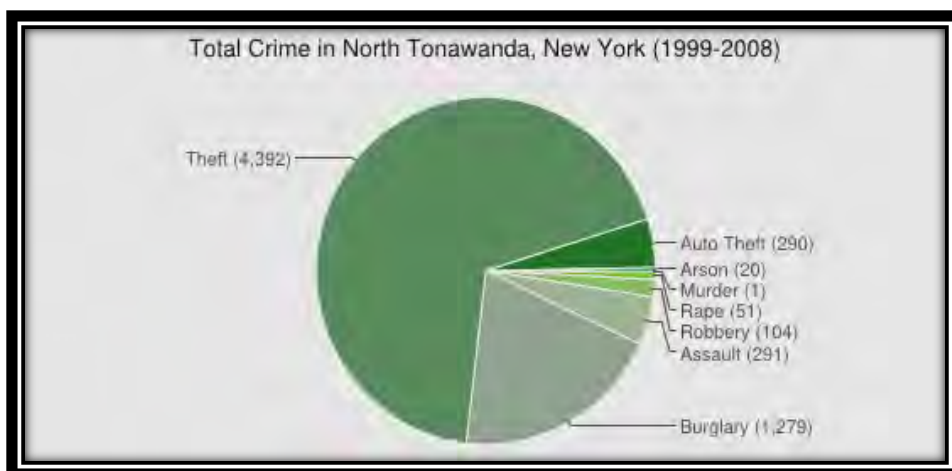
Total Crime-Lockport

Between 2004 and 2008 there were 4,719 total crimes reported in Lockport, New York (314 of them violent). Of the 944 crimes that transpire each year in Lockport, just about one half take place less than a mile from home. On average, there is a crime in Lockport, New York every 9 hours. This includes 2 murders, 41 rapes, and over three thousand thefts (including 199 automobile thefts). Please note that these figures do not include crime statistics for 1999, 2000, 2001, 2002 or 2003, as there were no data available for those years.



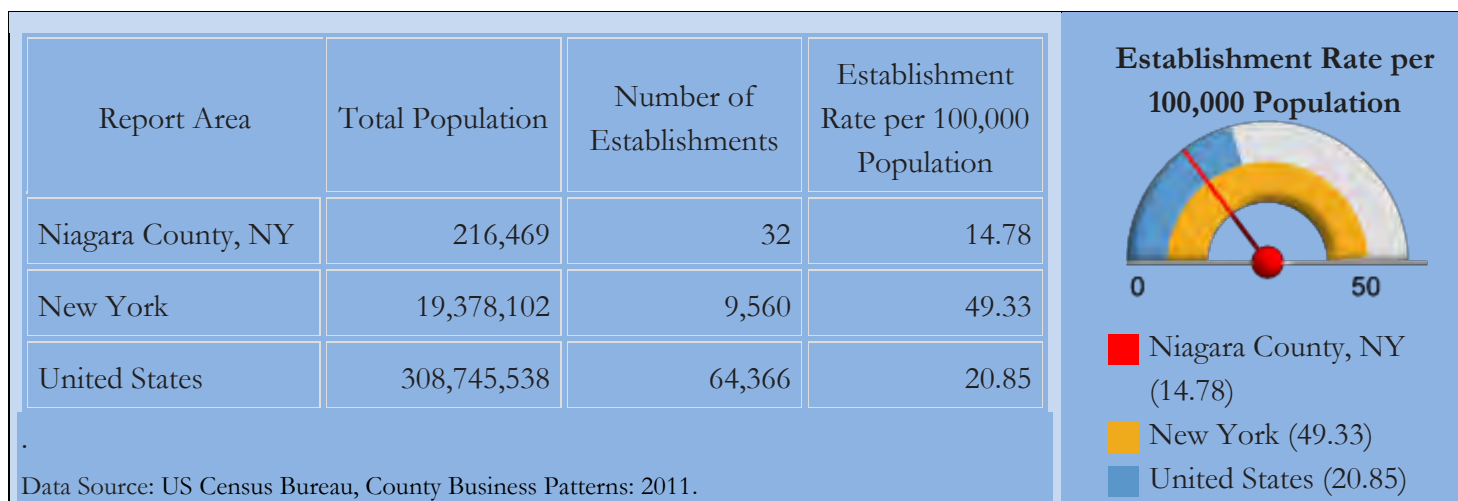
Total Crime-North Tonawanda

Between 1999 and 2008 there were 6,428 total crimes reported in North Tonawanda, New York (447 of them violent). Of the 643 crimes that take place per year in North Tonawanda, close to 50% transpire less than one mile from home. On average, there is crime in North Tonawanda, New York every 13 hours. This includes 1 murder, 51 rapes, and just about five thousand thefts (including 290 car thefts).

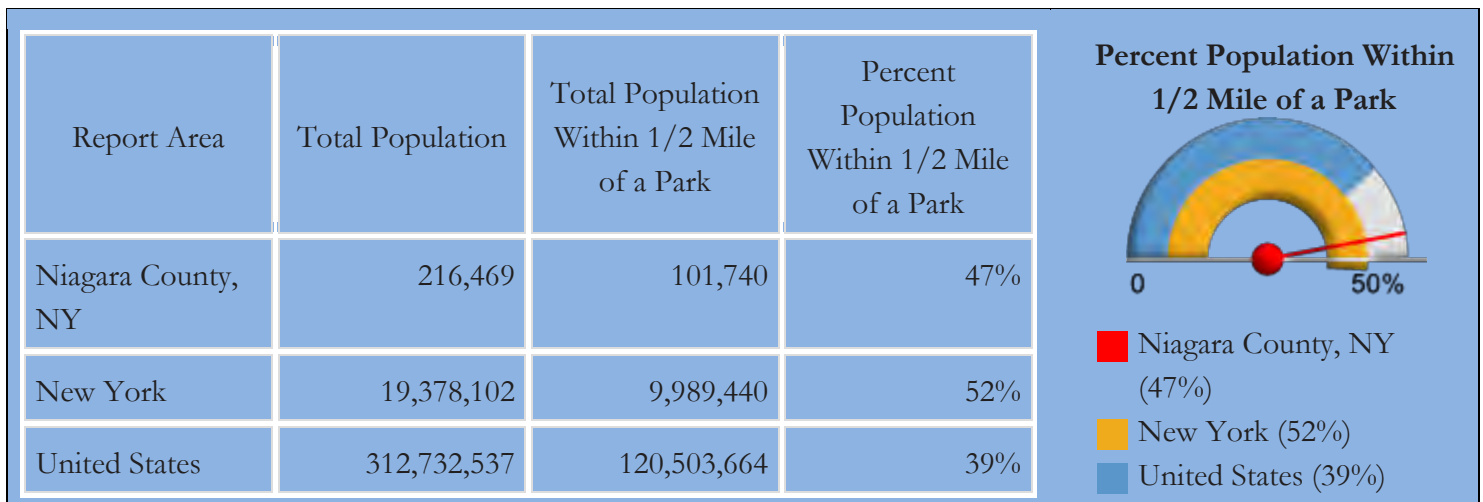


Grocery Store Access

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

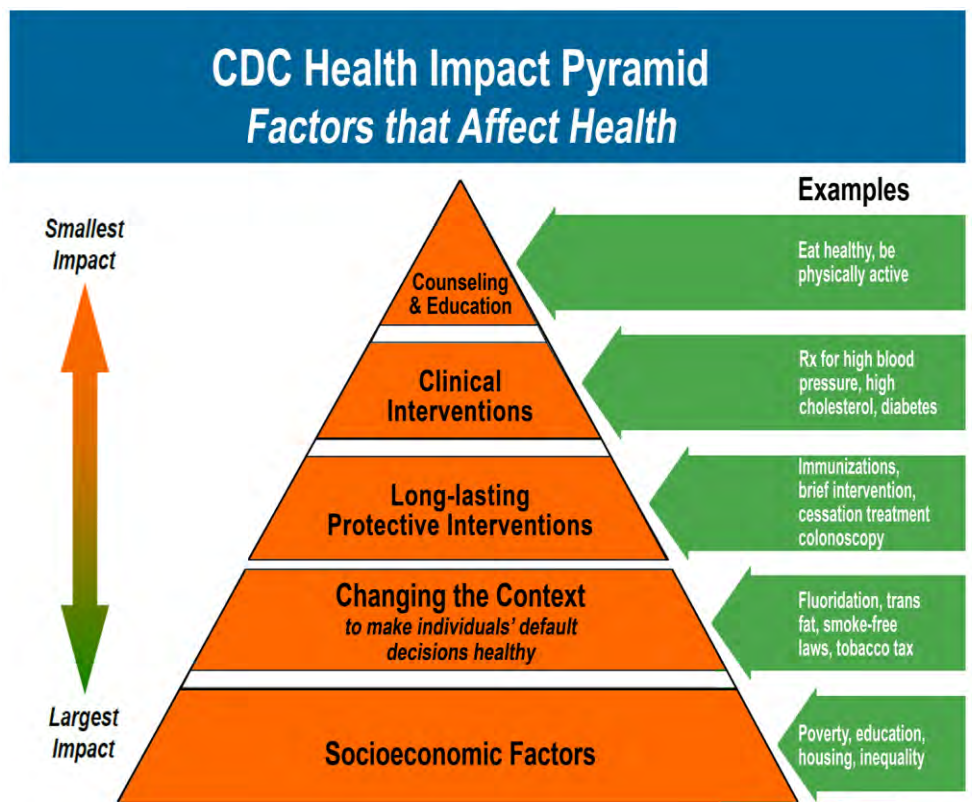


Access to Parks



Socioeconomic Factors

As previously stated in the social determinant and disparity section (pages 51-60), socioeconomic factors can be directly correlated to health status. The Health Impact Pyramid from the CDC to the right validates factors that affect health. It identifies those who fall in the low income, poverty and limited education categories tend to exhibit more high risk tendencies than those who are in the higher income and education brackets. Rates of smoking, overweight, obesity, late or no prenatal care, poor disease management and lack of age appropriate health screening, have caused rates of chronic disease and hospitalizations to continue to rise in these populations. Food security, transportation and accessibility to grocery stores and farmers markets are also a factor in this population. Another factor to consider is the existence of mental hygiene co-morbidity with chronic disease. Many individuals diagnosed with a chronic disease have higher rates of depression. This disparity has been identified in the Community Health Improvement Plan. Through the Chronic Disease Self Management program, mental hygiene will be addressed in collaboration with the Niagara County Department of Mental Health and respective programs offered by area hospitals and clinics.



While characteristics of low socioeconomic status are present in many areas of Niagara County they appear to be more prevalent in the City of Niagara Falls. As identified in previous sections, 23% of the population is below the poverty line. Many of these being single female lead households. The median income in the City of Niagara Falls is \$26,800 with the median family income at \$34,377. The unemployment rate is about 10% and approximately 60% of the residents receive some form of social services. Niagara Falls High School has had the lowest rates of graduation among Niagara County high schools. 20.6% of Niagara County residents hold a Bachelors Degree; however, in the City of Niagara Falls the rate is 14%. (Wikipedia) When considering data from the Prevention Quality Indicators, the Niagara Falls zip code areas reveal notably high rates of hospital utilization due to cardiovascular, diabetes and respiratory illnesses.

Policy Environment

In 2013, the Niagara County Legislature approved the posting of smoke-free signs for parks within Niagara County. This action was in collaboration with the Erie County Tobacco-Free Coalition. In 2008, all Niagara County Hospitals either became smoke-free or have initiated a plan to have the hospital grounds smoke-free. Both Niagara County Community College and Niagara University have made efforts to become smoke-free with programs focusing on smoke-free dormitories.

Several paths are zoned for walking, biking, running and other physical activities. The Niagara Gorge Trail System has paths of varying length and skill level for people to use. The City of Niagara Falls has recognized City of Niagara Falls walking paths. Zoning for walking paths along the canal in Lockport are available as well as the canal paths in North Tonawanda and Pendleton.

A collaboration among Cornell Cooperative Extension's Creating Healthy Places to Live, Work and Play Grant and several school systems in Niagara County led to an agreement to open school facilities for residents to get physical activity. In a survey by Cornell Cooperative Extension, 26% of respondents said they had no place in their community to exercise. Five schools thus far have entered into an agreement to open their buildings for walking and classes to residents. More opportunities are being sought by this program.

In 2008, the Niagara County Department of Health collaborated with the tattoo artists and business owners to develop the Niagara County Sanitary Code XVIII-Regulations of Tattooing and Body Piercing Artists, Operators and Establishments. This policy change was implemented by the Environmental Health Division who developed and provided trainings for artists and operators focused on lowering the risks of the spread of disease that may occur in their businesses. This policy change was welcomed by the tattoo community.

Other Unique Characteristics of Niagara County

Niagara County is unique in its geography in that it is bordered by 2 lakes and connected to Canada by 3 bridges. Niagara Falls is well known for the New York Power Authority and Niagara Falls which can attract as many as 12 million tourists per year. Attractions and state parks are a draw for tourists who come from all areas of the United States, other countries and some cross the border of Canada and enter the United States. Numerous hotels and motels provide travelers with the opportunity to stay and enjoy the area. The public health concern is for the health and safety of tourists as well as county residents. With many visitors coming to the area, the possibility of bringing a health or safety issue that may affect the community increases. Hospital infection control at Niagara Falls

Memorial Medical Center and Mount Saint Mary's Hospital report any influx of disease to the Niagara County Department of Health. The United States Border Control also screens those traveling between the countries. The Emergency Preparedness Program of the Niagara County Department of Health, along with Niagara County Emergency Services and the Niagara County Sheriff's Department, work together to ensure that any possible threats are managed or thwarted.

The history of environmental concerns in Niagara County has existed since the 1970's and Love Canal. Several activist groups have sprung from that time period and are vigilant in regard to their activities relating to chemical waste and residual dumping in various areas of Niagara County. One active group is the Residents for Responsible Government who have brought concerns to the Niagara County Department of Health, as well as the Environmental Protection Agency and New York State Department of Health. One such concern was the Lake Ontario Ordnance Works (LOOW), an area is located in the towns of Porter and Lewiston.

A two-year project was initiated in 2005 to address a complex history of LOOW contamination with equally complicated government supervision. The Niagara County Department of Health developed this initiative in collaboration with members of the community, elected officials, agencies, and the University of Buffalo to address public concerns about the LOOW site.

The Lake Ontario Ordnance Works or "LOOW" site originated as 7,500 acres purchased by the federal government in 1942 to support WWII and subsequent defense operations. Approximately 400 residences, schools, a federal radioactive storage site, commercial landfills, and defense properties are situated within the former LOOW boundary. Since 1944, numerous investigations, cleanups, and monitoring by various agency programs have been conducted on portions of the LOOW. In response to community concerns, the Niagara County Department of Health launched the Community LOOW Project to assess the LOOW. Independent experts were engaged to review restoration work throughout the LOOW site. A GIS database was constructed as an analytical tool and will also promote information sharing between various regulatory agencies. The impact of the project is listed below.

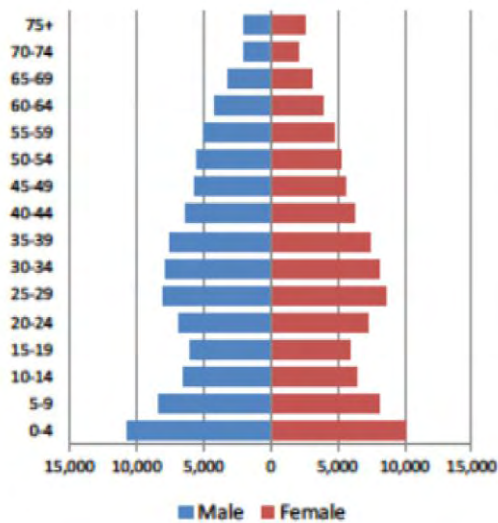
- Improve overall risk management at the LOOW site and effectiveness of hundreds of millions of dollars being spent on LOOW investigation and remediation
- Reduce community concern regarding many unexplained cancers exceeding NYS rates and create better image of WNY as a safe place to live and work
- Protect the most scenic areas of Niagara County for tourism growth
- Protect farmland near the LOOW (Niagara farming is \$40 million/yr; #1 production of New York pears, peaches, plums, sweet cherries)
- Increase trust in the restoration process; ensure community concerns are addressed

Referring to the following chart provided by the Cornell Program for Applied Demographics, the age/gender trends and projections for Niagara County indicate a progressive shift within the next 27 years. In 2010 the bulk of the age population fell within the 40-64 age categories. As noted by the year 2040 the chart evens itself out and displays a growth in the older population and a decrease in the younger population. Based on these projected trends it appears that the public health will need to develop more programs that address health issues in these aging populations. The need for specialized geriatric care at hospitals and health care agencies will also rise to meet the needs of the aging population.

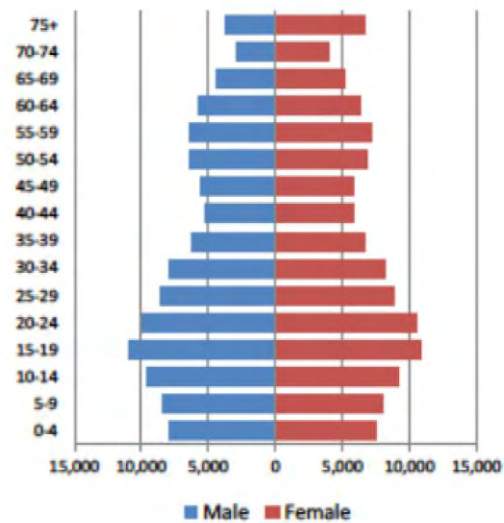
4 Population by age

4.1 Historic and projected population pyramids

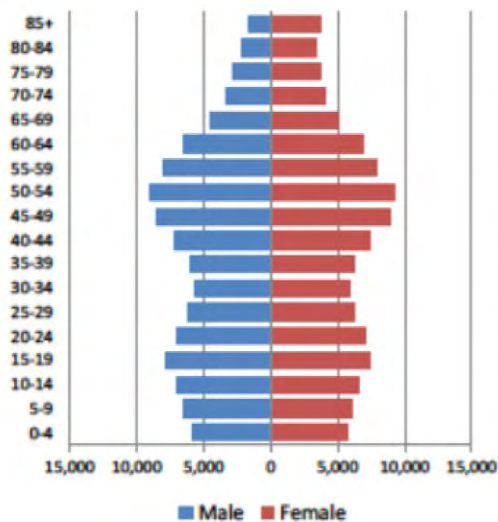
1950 Population Pyramid, Niagara County



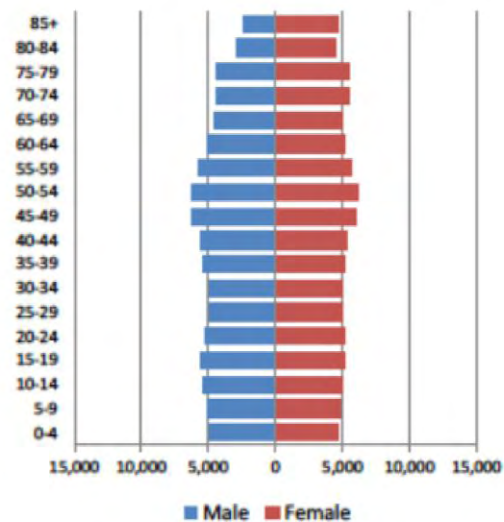
1980 Population Pyramid, Niagara County



2010 Population Pyramid, Niagara County



2040 Population Pyramid, Niagara County



Source: 1950, 1980, 2010 Decennial Census and projections by Cornell Program on Applied Demographics

3. Summary of Assets and Resources

Hospitals and Clinics

Niagara County has five (5) hospitals. DeGraff Memorial Hospital located in North Tonawanda, which has 70 certified beds of which 40 are for medical/surgical and 20 are Physical Medicine/Rehabilitation. Specialty services include: Rehabilitation, Geriatric, Retinal Surgery and Emergency Medicine. The McLaughlin Center for Senior Wellness offers age appropriate educational and social program to the community.

The Eastern Niagara Hospitals consists of Lockport Memorial Hospital and Intercommunity Hospital in Newfane. Lockport has 134 certified beds of which 76 are medical/surgery, 20 for inpatient Chemical Dependency Rehabilitation and 12 for maternity. Intercommunity Hospital has 63 certified beds of which 51 are for medical/surgery.

Niagara Fall Memorial Medical Center, in Niagara Falls has 171 certified beds of which 85 are for medical/surgery and 54 for psychiatric care.

Mount Saint Mary's Hospital, in Lewiston, has certified 175 beds of which 133 are for medical/surgery and 20 for Chemical Dependency Rehabilitation. Mount Saint Mary's has a broad spectrum of inpatient and outpatient community based services.

Medina Hospital in Orleans County is also utilized by Niagara County residents as well as hospitals and clinics in Erie County.

There are 2 Federally Qualified Health Centers in Niagara County. The first to open is located at the Hamilton B. Mizer site affiliated with Niagara Falls Memorial Center in Niagara Falls. Recently a satellite site was opened in Lockport. The clinics serve those who have no health insurance and those who have little money for health care services. Payment can also be arranged on a sliding scale fee system. Services available include: primary care, prenatal care, pediatric care, social work services, family planning, dental, immunizations, STD testing and treatment and general health maintenance care.

Mount Saint Mary's Hospital offers the Neighborhood Clinic in Niagara Falls that serves those with no health insurance, with Medicaid and those unable to pay for medical services.

Planned Parenthood also offers family planning, education, STD/HIV and pregnancy issue services through clinics in Niagara Falls, North Tonawanda and Wheatfield.

Below is a listing of the clinics in Niagara County

<u>Name</u>	<u>City</u>
Buffalo Hearing & Speech Center	Niagara Falls
City Market Recovery Center	Niagara Falls
Community Health Center of Lockport (FQHC)	Lockport

Community Health Center of Niagara(FQHC)	Niagara Falls
CP Assoc of NYS-Niagara Clinic	Niagara Falls
CP Assoc of NYS-Niagara Dental	Niagara Falls
Degraff Memorial Hospital	North Tonawanda
Degraff Mobile MRI Service	North Tonawanda
Eastern Niagara Hospital - Lockport Division	Lockport
Eastern Niagara Hospital - Newfane Division	Newfane
Eastern Niagara Hospital at Davison Ct	Lockport
Eastern Niagara Hospital Health Center	Lockport
ENMG at Elizabeth Drive	Lockport
Lockport Recovery Center	Lockport
Mount St Mary's Hospital and Health Center	Lewiston
Mount St Mary's Hospital Rehab Services	Niagara Falls
Mount St. Mary's Ear, Nose and Throat Services	Niagara Falls
Mount St. Mary's Orthopedic Services	Lewiston
Mount St. Mary's Primary Care Extension Clinic for Complete Senior Care Center	Niagara Falls
Mt St Mary's Neighborhood Health Center	Niagara Falls
NFMMC Summit Park Mall Clinic	Niagara Falls
NFMMC-Medical Office Building	Niagara Falls
Niagara County Department of Health	Lockport
Niagara Falls Kidney Care Center	Niagara Falls
Niagara Falls Memorial Medical Center	Niagara Falls
Niagara Falls Recovery Center	Niagara Falls
Niagara Renal Center	Niagara Falls
Niagara Renal Center of Wheatfield	Wheatfield
Northpointe Council Methadone Maintenance Treatment Program	Niagara Falls
Planned Parenthood Mobile Van Services	Niagara Falls
Planned Parenthood of Western NY	North Tonawanda
Planned Parenthood of Western NY, Inc	Niagara Falls
Planned Parenthood of Western NY, Inc	Niagara Falls
River Road Primary Care Center	North Tonawanda
Roswell Park Cancer Institute Niagara	Niagara Falls
Sanborn Health Center	Sanborn
Trott Access Center	Niagara Falls
Tuscarora Health Center	Lewiston

The Facilitated Enrollment Project was presented to Niagara County in 2008 as a concerted effort to enroll children and adults in Child Health Plus, Family Health Plus, Healthy New York or Medicaid. A network of health care providers and agencies were enlisted to provide referrals and promote the programs through their agencies and in community events. The Cancer Services Program collaborated with the facilitated enrollment program in reciprocal referrals. The program, while successful, has been discontinued to make way for the Affordable Health Care Act.

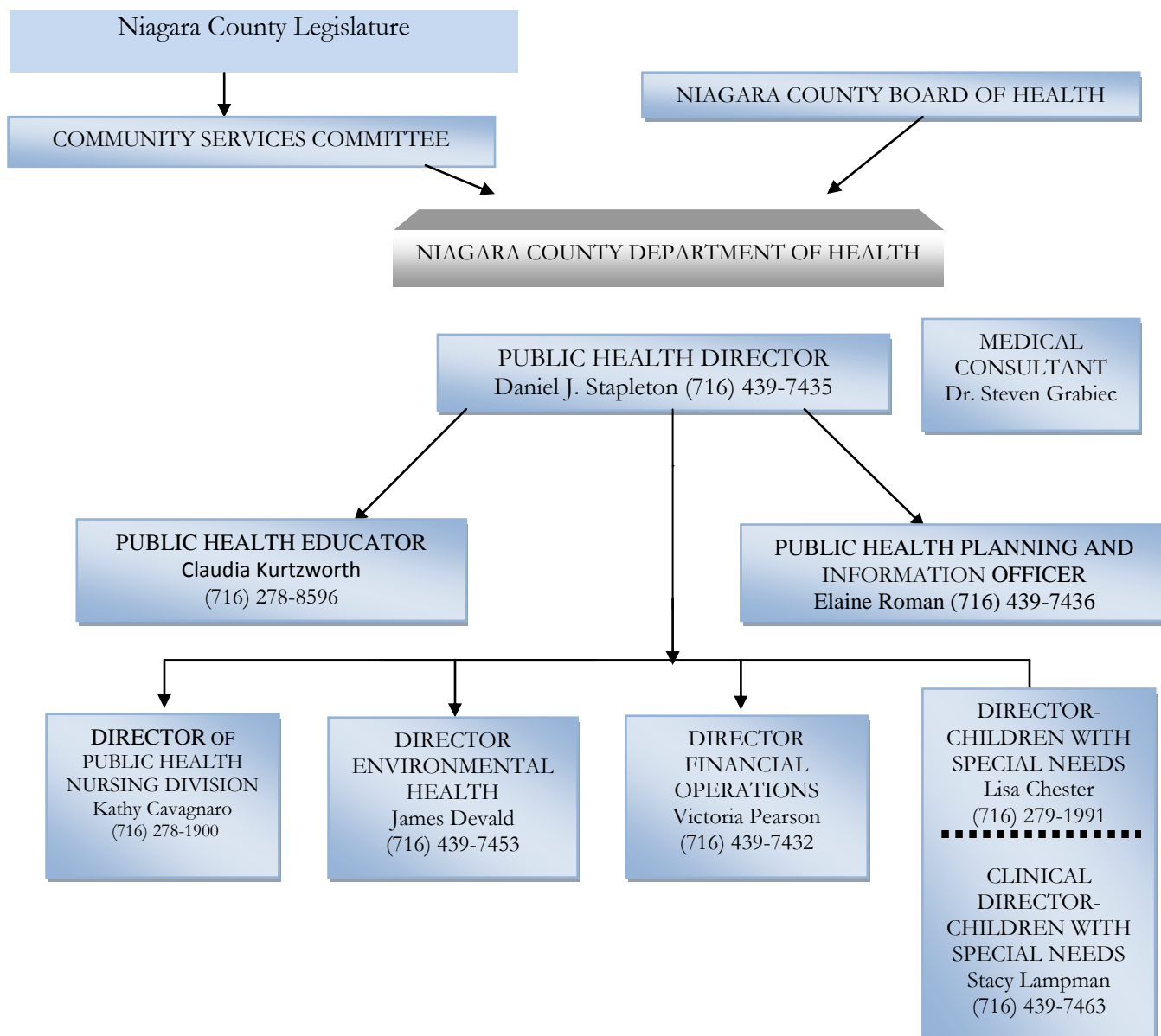
Those in need of health insurance are referred to the New York State Health Exchange marketplace on the New York State Department of Health website or to an In Person Navigator. At this writing there are 25 scheduled Navigator sites around Niagara County for those who seek assistance.

Niagara County Department of Health

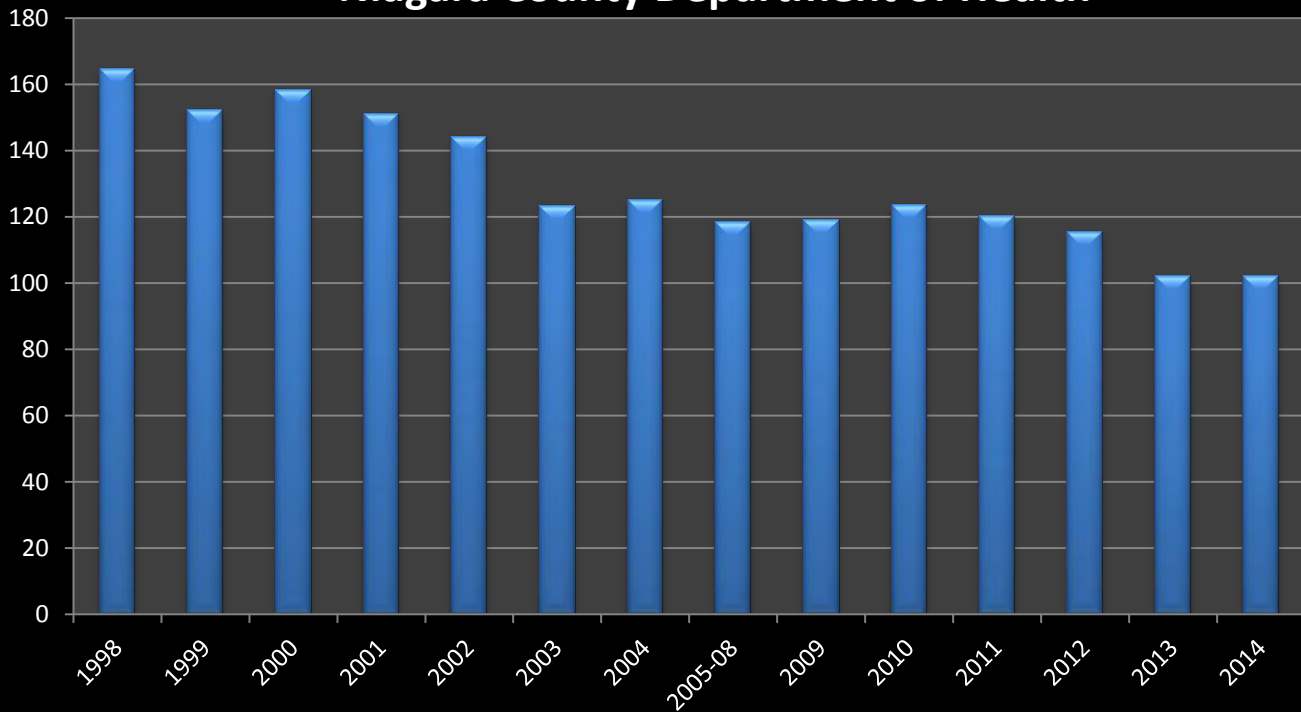
The mission of the Niagara County Department of Health (NCDOH) is to provide leadership through community health assessment, assurance of the delivery of essential public health services, and policy development in accordance with public health law in order to ensure a healthy disease-free environment for the citizens of Niagara County.

The Niagara County Department of Health is overseen by a ten-member Board of Health which is appointed by the Niagara County Legislature. The Board is comprised of members of the medical and business community and one legislative member appointee. The Board of Health assists in programmatic public health issues.

Niagara County Department of Health



Full Time Employees Niagara County Department of Health



As public health issues continue to rise, the infrastructure to support mandated public health programs has diminished over time as illustrated in the chart above. In 2012, the Niagara County Department of Health Certified Home Health Agency and Long Term Care Program was purchased by the McAuley-Seton Home Care Corporation due to New York State mandates. A licensed Home Care Services Agency was opened in September of 2012 to provide home visits for the Lead Poisoning Prevention and Tuberculosis Control Program.

The Niagara County Department of Health employs 101.9 fulltime employees and various positions through independent contractors as needed. This is a decrease from the 121 employees since the last Community Health Assessment. The department is divided into several divisions: Administration, Public Health Planning and Information, Nursing, Children with Special Needs Programs and Environmental Health.

The **Administrative Division** is headed by the Public Health Director who assumes the overall direction and responsibility of the employees of the department. The Public Health Director confers with the Niagara County Board of Health and the Niagara County Legislature in decision making and policy for the Public Health Department. The Deputy Public Health Director has oversight of the fiscal operations of the department and is

assisted by the Fiscal Administrator who focuses on grant funding and submitting information to the New York State Department of Health for reimbursement. This staff is supported by 3 clerical positions responsible for all payroll and accounts payable for the entire department. The Public Health Educator is part of the administrative division, as well as the Assistant Public Health Educator whose responsibilities are within the Cancer Services grant exclusively. The Public Health Educator develops, manages and implements chronic disease grant programs guided by the Prevention Agenda and Community Health Improvement Plan. The Assistant Public Health Educator works specifically with the Cancer Services Program and provides outreach, education, recruitment and case management to Cancer Services clients. The Public Health Information Officer is also part of the Administrative Division and oversees the grant funded programs for Public Health Preparedness.

The primary functions of the **Public Health Planning and Information Division** include public health emergency preparedness planning for all hazards, public health information, public health policy development and evaluation and grant management. The program is coordinated and managed by the Director of Public Health Planning and Emergency Preparedness. The Director also serves as the Public Information Officer for the Department. Additional staff includes the Public Health Resource and SNS Support Officer, and a Clerical III.

The preparedness program structure and design is consistent with the Federal Department of Homeland Security (DHS), Centers for Disease Control and Prevention (CDC) and State Preparedness directives and guidelines to support the achievement of national preparedness goals outlined in the National Response Framework.

Federal and state grants fund 100% of the program, including three staff positions and all associated activities required by the grants. Grant-funding streams are integral to program support and sustaining public health preparedness program operations. The Public Health Emergency Preparedness Program is supported by two primary funding streams: The New York State Department of Health, LHD Public Health Emergency Preparedness Grant and the CDC Cities Readiness Initiative (CRI) Grant. Successful implementation of both grants is dependent on communications and population analyses; the ability to locate and characterize elements of a diverse population within Niagara County is reliant on multidisciplinary and cross- jurisdictional collaborative planning that includes multi-directional information sharing among partners and the community. Utilizing these partnerships enables the PH Emergency Preparedness Program to identify and locate special needs and culturally distinct populations that may need a specialized or creative approach to risk/emergency communications, education, planning and response. This is important in building preparedness competency and resilience in the community. The Program coordinates a Medical Reserve Corps (MRC) and incorporates multiple volunteer groups in preparedness planning, outreach, training and exercise initiatives. The division also works with all Niagara County departments, emergency response agencies, faith-based communities, hospitals, schools, colleges/universities, Department of Social Services, non-government organizations, public officials, First Nation, Migrant Coalition, utility companies, private and neighborhood groups, community –based organizations and corporations of various sizes to assure all members of the population are served and protected, whether documented, undocumented, or transient (such as tourists or international students) .

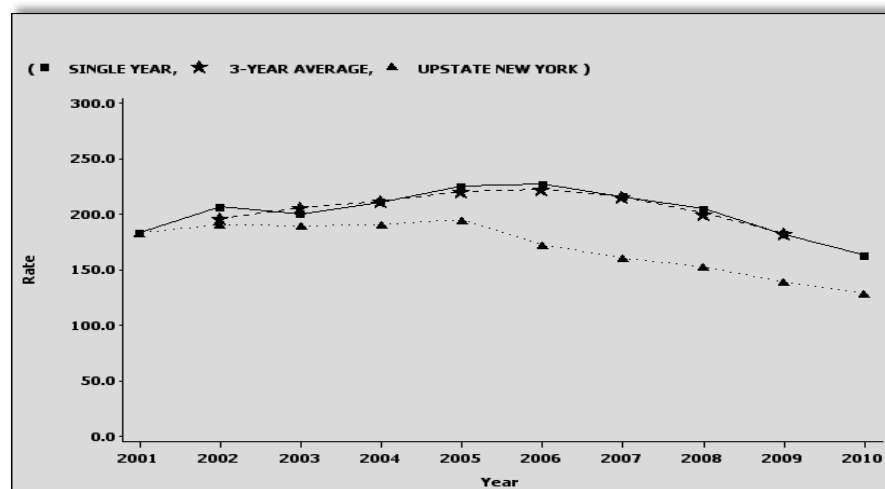
The **Nursing Division** is led by the Director of Nursing. Staff includes the Director of Operations, 2 Supervising Public Health Nurses, 11 full time nursing positions (5 Public Health Nurses, 5 Registered Professional Nurses, and 1 Licensed Practical Nurse), 4 clerical support staff, and 1 billing clerical position. Services also include Immunization Program, Communicable Disease Program, and Sexually Transmitted Disease Clinic. In 2013, nurses were trained to provide the Chronic Disease Self-Management Program, Living Healthy, and the Diabetes Prevention Program. The Living Healthy Program and the Diabetes Prevention Program, are available throughout Niagara County. The Nursing Division has also begun health assessment clinics throughout Niagara County, held at senior meal sites to provide health screenings and education.

Below are summaries of the programs provided by the Nursing Division.

Infectious Disease

For the 2008-2010 Bureau of Communicable Disease Control reporting period, Pneumonia/flu hospitalizations for adults 65 years of age and older was 182.9 per 100,000, which is higher than the New York State rate of 127.9. 74.9% of adults aged 65 or older received a flu shot and 75.3% reported ever having a pneumonia shot. Pertussis incidence was at 2.0% and the incidence rates of Hepatitis A (0.0%), Hepatitis B (0.6%), tuberculosis (0.6%), E.Coli (0.5%) and shigella (0.3%) had fewer than 10 events therefore the rates were unstable. Lyme disease incidence was 1.9%. The rate of male Chlamydia cases was 180.5 per 100,000 and 574.8 for females. Gonorrhea cases, second highest to Erie County are 95.0% per 100,000 population. The newly diagnoses rate for HIV is at 4.3% ranking second to Erie County. AIDS deaths were 0.4%.

Niagara County Pneumonia/flu hospitalization rate (ages 65 years and older) per 10,000



Sexually Transmitted Disease and HIV

The focus of the STD clinic through the Niagara County Department of Health is to prevent and control sexually transmitted diseases and HIV by providing counseling, testing and treatment as needed to persons 12 years and

older. The program helps the person to identify risk factors and to develop a plan to decrease the risk of developing STD's/HIV. The clinic serves as a resource center for other health care providers.

Two clinics per week are held in the Trott Building in Niagara Falls. The clinic offers STD and HIV testing, vaccines for Hepatitis A, B, and Tdap for qualifying individuals. Clients who present with risk factors for Hepatitis C are offered testing for the virus.

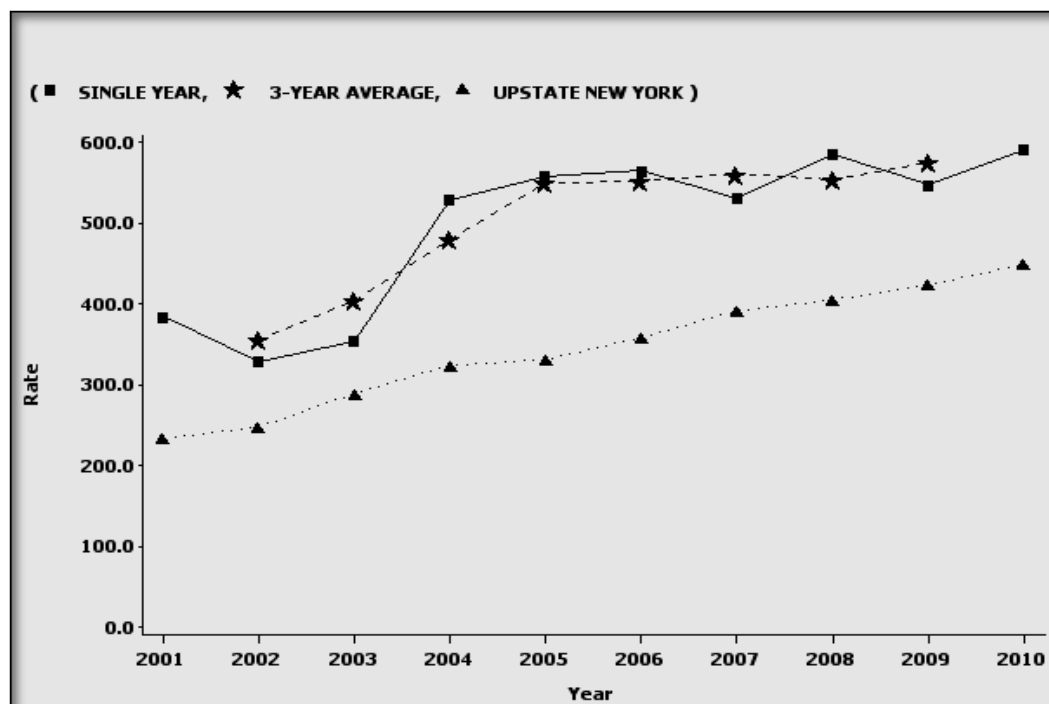
In 2012, there were 1337 clinic visits, with the majority of clients being male. 746 HIV tests were performed resulting in one positive result. Clients presenting with positive HIV results are referred to ECMC Immunodeficiency Clinic for follow through. New York State Department of Health representatives are intricately involved with the clinic and community based positive STDs. A representative is assigned to follow up with each case of gonorrhea, cases of Chlamydia who are pregnant, cases of Chlamydia who have not received treatment, all cases of syphilis, and all clients with positive HIV results. When necessary, clients are referred to other local health care providers.

In collaboration with the Niagara County Youth Bureau, Niagara County Department of Health nurses visited 6 high schools in the county, and provided presentations to 1,541 students and educational materials to school nurses. Two nurses are members of the HIV/STD Viral Hepatitis Public Health Consortia which meets quarterly and provides networking, referral, education and assessment of HIV/AIDS and STD clients in the region.

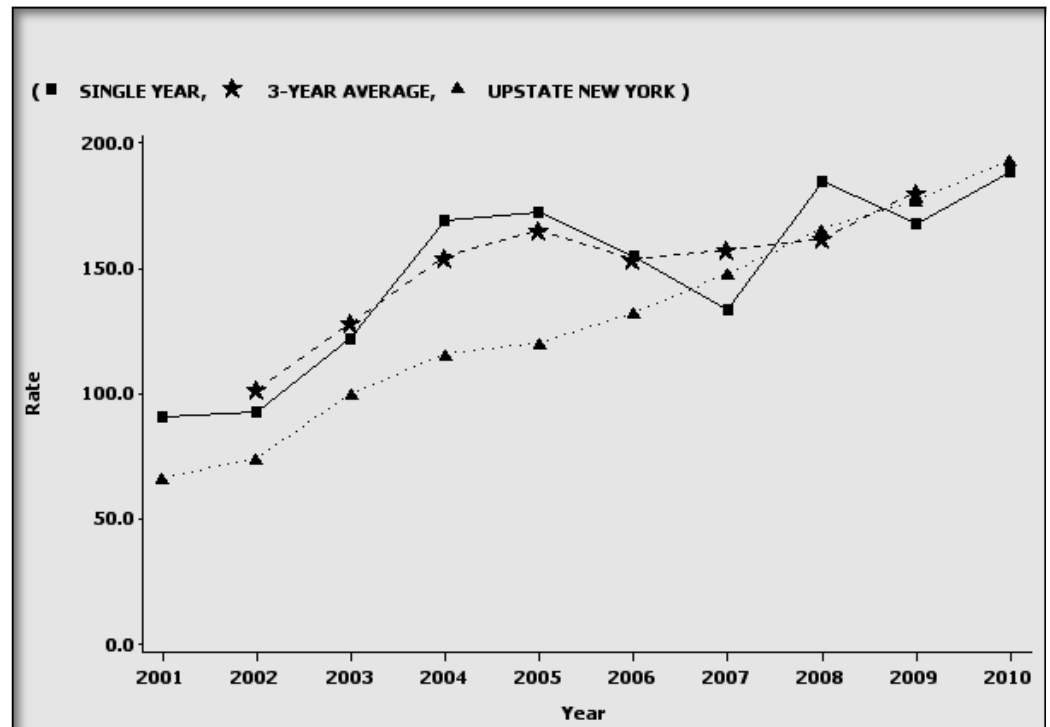
In 2012, Niagara County saw an increase in confirmed cases of STDs. There were 391 confirmed cases of Gonorrhea, 922 confirmed cases of Chlamydia and 3 cases of Syphilis.

Educational information is provided to the public at clinics, during presentations, and at health fairs. Nursing staff also work with local health care providers to provide assistance and education.

**Niagara County
Chlamydia case rate per
100,000 females - All ages**



**Niagara County Chlamydia
case rate per 100,000 males -
All ages**



Immunization

The New York State Department of Health provides an immunization grant to Niagara County Department of Health to conduct immunization activities in our county. The immunization program offers immunization clinics at two sites throughout each month, and provides all required and recommended immunizations to those that attend. adults and children are serviced and also travelers attend for travel vaccines and a travel consultation visit. The Vaccine For Children Program is offered for children that qualify, and effective October, 2012 private pay vaccines for children with private insurance is available. The goal is to prevent the occurrence and transmission of vaccine preventable diseases by ensuring the delivery and availability of vaccines to all children and adults. During the clinic visit, education is provided regarding the importance of immunizations for children and adults. Education on the importance of immunizations is also provided in the community and to providers in Niagara County to prevent disease outbreaks. Nurses visit provider offices to conduct Assessment, Feedback, Incentive and Xchange (AFIX) visits to assess their immunization rates. A goal of 2012 was to provide “cocooning” to young infants by offering free Tdap vaccine to those in close contact with the newborn. This vaccine was provided through the AmeriCare Grant. This vaccine is offered to all people that attended our clinics and qualified for the vaccine. The Niagara County Department of Health Immunization Program conducts promotional immunization clinics throughout the year as needed, including flu clinics and meeting with individuals for immunizations if they cannot attend regularly scheduled clinics. Flyers advertising our clinics are available at the Trott Access Center and are distributed to the Children with Special Needs Program and Healthy Neighborhood Program so they can distribute them into the community during their visits. During 2012 we had 1,183 people attend the clinics and gave 2,190 immunizations to children and adults. The Immunization Program lead nurse is an active participant in the Western New York

Adult and Pediatric Immunization Coalition. The coalition meets monthly, and their goal is to educate providers and families on the importance of immunizations to provide disease prevention in our communities. The coalition consists of county health departments, vaccine representatives, insurance providers, pharmacists, nurses and provider offices.

Prenatal Care and Infant Mortality

The Niagara County Department of Health reviews state, municipal and community data to assess needs, gaps and barriers related to prenatal and infant care in the community. The nursing division participates by membership in and advisement to the Healthy Moms/ Healthy Babies Committee, Niagara County Zero to Three Network (Infancy Leadership Circle/Niagara), Mom's Net and Niagara County Child Fatality & Serious Injury Review Team. These groups collaborate with other community partners such as hospitals, prenatal care providers and human services agencies to address these concerns. The department's immunization program provides infants with required vaccines that protect them from potential life threatening diseases. The nursing division also collaborates with the Health Foundation of Western and Central New York in 2013 to provide input for the Maternal and Child Health Project.

Family Planning

The Niagara County Department of Health does not provide direct Family Planning services. The department provides referrals for the general public and for our STD/HIV clinic patients to the Community Health Center of Niagara and to Planned Parenthood for family planning.

Tuberculosis Control (TBC) Program

The TBC program uses early detection, targeted testing and treatment, including directly observed therapy (DOT), to prevent the emergence of a TB epidemic in Niagara County. The goal is to make people aware of the signs and symptoms of Tuberculosis and to implement immediate isolation, evaluation and treatment of suspected TB cases in order to decrease transmission to others. The TB program provides evaluation and preventive medication to individuals with a positive TB test.

The TB program clinic is held once a month in Niagara Falls at the Trott Access Center and once a month at the Niagara County Jail. Patients are evaluated for latent TB infection. 21 clinics were held in 2012 and 104 patients were evaluated for latent TB infection. NCDOH had 2 Tuberculosis cases in 2012 with 1 patient who received DOT.

Upon request, TBC program staff will teach Tuberculin Skin Test (TST) administration and reading of results to qualified clinicians of other agencies so they can develop their own TST administration and follow up policy. In 2013 three adult care facilities and skilled nursing facilities were provided with education. Educational information is provided at clinics and health fairs. Surveillance is done in cooperation with all hospitals and physicians.

Primary and Preventive Health Care Services

The Niagara County Department of Health provides an array of preventive health services for children and adults. Immunization clinics, health assessment and education, assessing insurance and medical home status, referrals for facilitated enrollment, disease surveillance, lead testing and outreach to vulnerable children are among the many services offered. In 2013 the nursing division had numerous staff trained to disseminate evidence based programs on chronic disease and diabetes prevention and continues to collaborate with Niagara County hospitals and community agencies to promote diabetes awareness and provide screening events.

Dental Health Education

The Niagara County Department of Health provides information and education regarding dental health at all immunization clinics as well as referral information for area dentists that accept Medicaid or have a sliding fee schedule.

Nutrition

The Niagara County Department of Health provides education and outreach for nutritional services and programs through various venues. Information regarding healthy eating and physical activity is available at clinics and health fairs.

Communicable Diseases

The Communicable Disease Program of the Niagara County Department of Health Nursing Division identifies the agent, occurrence, reservoir, and mode of transmission, incubation period and period of communicability of disease. Methods of control are set forth through; preventive measures, control of patient contacts and environment, and epidemic measures when indicated by the possibility of wide spread disease. International measures when risks of infection from another country are suspected and disaster implications from a disaster or catastrophic situation. Following is a list of reportable diseases from 2012.

- Legionellosis: 13 cases were investigated. 12 required hospitalization and 2 expired.
- Lyme Disease: 52 investigated cases with 1 confirmed and 8 suspect cases.
- Meningitis, aseptic: 4 cases investigated with 3 hospitalized and all recovered.
- Meningitis, other bacterial: One case of cryptococcal meningitis.
- Meningococcal Infection: 1 case investigated and expired.
- Pertussis: 44 cases investigated 20 met the NYSDOH case definition for confirmed and 3 met the case definition for probable.

Pertussis incidence per 100,000

Source: 2008-2010 Bureau of Communicable Disease Control Data as of July, 2012

Region/County	Cases				Average population	Crude
	2008	2009	2010	Total	2008-2010	Rate
Reg- 1 Western New York						
Allegany	0	10	2	12	49,251	8.1
Cattaraugus	9	2	0	11	79,898	4.6
Chautauqua	53	23	22	98	134,066	24.4
Erie	10	15	27	52	912,711	1.9
Genesee	0	0	0	0	58,589	0.0*
Niagara	3	5	5	13	215,163	2.0
Orleans	0	0	0	0	42,356	0.0*
Wyoming	0	0	4	4	41,735	3.2*
Region Total	75	55	60	190	1,533,769	4.1

- Rabies: 49 individuals were authorized to receive post exposure prophylaxis
- Salmonella: 16 cases investigated. 3 cases were hospitalized
- Shigellosis: 1 case investigated
- Streptococcal Group A Invasive: 3 cases investigated all cases confirmed. All were hospitalized
- Streptococcal Group B, Invasive: 28 cases were investigated, 27 were hospitalized
- Streptococcal Group B Invasive, Early/Late: 1 case investigated
- Streptococcal Pneumoniae Invasive: 16 reports investigated. 15 met case definition. 11 hospitalized and 2 expired.
- VISA (Vancomycin Resistant Staphylococcus Aureus): 2 cases investigated
- Yersiniosis: 2 cases investigated. 1 hospitalized and both recovered.

The Children With Special Needs Program

The mission of the Children with Special Needs Division is to insure that children with special health care needs have access to necessary services. Through the coordination and delivery of medical, educational and related services, identified needs of the child and family are met, thus enhancing the child's quality of life and improving the capacity of the family to meet their family member's specific and unique needs. The division is certified by the New York State Health Department and the New York State Education Department. The division is lead by a Director,

Supervisor, Administrative Assistant, 10 Clerical, 6 Speech Language Pathologists, 4 Special Education Teachers, 10 Care Services Coordinators, 1 Family Specialist, and 2 Program Aides.

Programs within this division are:

Early Intervention/Child Find Program (EI/CF)

This program serves children birth through two years of age. The Early Intervention/Child Find Program is a statewide program that provides many different types of early intervention services to identified infants and toddlers with a developmental delay or disability and their families. 513 children were serviced through this program in 2012. The Niagara County Early Intervention/Child Find Program is part of the New York State Early Intervention Program, which is part of the national Early Intervention Program for infants and toddlers with disabilities and their families. The Early Intervention/Child Find program (EI/CF) is an extension of the Individuals with Disabilities Education Act (IDEA) – Part C. This program entitles infants and toddlers who have a developmental delay or disability to receive therapeutic services. To be eligible for services, children must be under three (3) years of age and have a confirmed disability (such as Down syndrome) or an established developmental delay in one or more areas of development. These areas include: adaptive, cognitive, communication, physical (to include vision and hearing) and social-emotional development.

Therapeutic and support services available to eligible infants and toddlers and their families are provided at no cost and are:

- Assistive technology devices and services;
- Audiology
- Family training, counseling, home visits and parent support groups
- Medical services only for diagnostic or evaluation purposes
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination
- Social work services
- Special instruction
- Speech-language pathology
- Vision services
- Health services
- Transportation and related costs

Preschool Special Education Program

This program serves children three to five years of age. 1095 children received services in 2012. Children, three to five years of age, served by the Preschool Special Education Program are evaluated in conjunction with their local school district. Children are referred to the school district's Committee on Preschool Special Education (CPSE) if they are suspected of having a disability that impairs their learning and development. Numerous sources such as parents, professionals, caregivers, program providers, or other individuals concerned about the child's development make referrals. Educational services are at no charge to the family. These services may include:

- Related services (such as speech therapy)
- Special education itinerant services

- A half-day preschool program
- A full-day preschool program
- A twelve (12) month special service and/or program or
- An in-state residential special education program

Physically Handicapped Children's Program (PHCP)

This program serves children birth to twenty-one years of age. The Physically Handicapped Children's Program (PHCP) ensures accessible, appropriate, comprehensive, coordinated care for chronically ill and disabled children birth to twenty-one, by providing medical and related services for the treatment and rehabilitation of physically disabling conditions, chronic illnesses and potentially disabling conditions. In addition, the Dental Rehabilitation Program (DRP) component of PHCP assists children with severe physically handicapping dental defects. Children are referred by their dentist, and their records are then evaluated at the State Department of Health by an Orthodontist.

Also, on a bi-monthly basis, PHCP provides a free diagnostic/evaluation orthopedic clinic housed at Women's and Children's Hospital of Buffalo, for children from birth through twenty-one years of age. The evaluation is performed by a pediatric orthopedist who is an expert in treating disorders of growth and development of the skeleton, muscles and joints in children. Adults who have had polio may also be seen. The clinic is available for any family within Niagara County, whose child is suspected of having a disabling condition related to their bone structure. Children are referred by their physician or school nurse.

For the treatment program under the PHCP, if the child is not covered under Medicaid, the family must meet financial criteria designed to assist families with low to moderate incomes or inadequate private health insurance.

Children With Special Health Care Needs Program (CSHCN)

This program serves children birth to twenty-one years of age. The Children with Special Health Care Needs Program assists families who have children that have a chronic physical, developmental, behavioral or emotional condition, and require health and related services of a type or amount beyond that required by children generally. The Program assists the family through information and referral to various community resources that are child and family specific.

Environmental Health Division

The Environmental Health Division of the Niagara County Department of Health is staffed by engineers, sanitarians, technicians and clerical totaling 30 in number. This number includes the Healthy Neighborhoods Program and Primary Prevention Lead Program. Staff capacity is sufficient to meet maintenance of effort requirements established for programs.

Air quality in the County is excellent except for an occasional ozone exceedance which is not under LHD control. The County relies on the efforts of the NYSDEC to monitor and inspect air pollution sources in the county. There have not been any major instances of air related public health concerns. Drinking water quality is excellent and have a majority of the population served by public water. The 4 source/treatment supplies are all in compliances

with the rules and regulations governing their operation. The public water supply program inspects and monitors all supplies on a routine basis.

The Division is currently completing a sanitary survey report on Krull Park Beach in Olcott and investigating the cause(s) of bacteria exceedances at the beach. Ruminants, geese, seagull and human bacteria have been implicated along with rainfall and north winds and we are attempting to determine sources other than the obvious bird sources. Notable EH issues in the County include the following:

- Hazardous waste landfill expansion at Chemical Waste Management
- Lake Ontario Ordnance Works investigation/cleanup activities
- Healthy Homes program transition
- Brownfield cleanups
- Eighteen Mile Creek water quality and cleanup
- Zoonoses concerns involving rabies, west nile virus, ticks, rodents
- Public Health Tracking
- Public water supply consolidation

Medical Examiner

Niagara County contracts with Erie County for Medical Examiner Services. The Erie County Medical Examiner Office serves as a regional resource to Niagara County and several other New York Counties in the Western Region.

Emergency Medical Services

The Niagara County Public Health Emergency Preparedness Director sits on the Niagara County EMS Council and the Big Lakes EMS Council. The EMS Council position is a legislative appointment. The membership bodies of the local and regional councils develop, evaluate and approve policy with oversight from the New York State Department of Health

Laboratories

The Niagara County Department of Health contracts with the Erie County Public Health Laboratory which serves as a critical resource to the Western region. The Erie County Regional Health Laboratory is a CLIA/CLEP certified Bio-safety Level Laboratory for testing and validating environmental and clinical samples including the H1N1 identification and sub typing. The Environmental Health Division utilizes the New York State Department of Health Wadsworth Laboratory for rabies and other arthropod disease program. In addition, specialized public water supply testing is also done at Wadsworth Laboratory. Contracted laboratories are used for special programs as required.

Other Resources and Assets Available throughout Niagara County

Niagara County Department of Social Services

The Niagara County Department of Social Services offers protective programs for the health and safety of children and adults. The Home Energy Assistance Program (HEAP), Supplemental Nutrition Assistance Program (SNAP), day care assistance, foster care and home finding, medical transportation, work relief program, nursing home and chronic care are some of the programs offered by the department. The Niagara County Youth Bureau has been placed under the department of social services. This program offers educational and social opportunities for people under age 21. An educational activity that the youth bureau has provided in collaboration with the Niagara County Department of Health Nursing Division is school presentations regarding abstinence and sexually transmitted diseases.

Niagara County Employment and Training

Niagara's Worksource One Stop Career Center Program is available through Niagara County Employment and Training. They provide assessment, training and assist in placement of potential employees. Assistance to employers includes funding reimbursement for training for a new hire, customized training, pre employment literacy and skill testing and screening of potential applicants.

Niagara County Office for the Aging

The Niagara County Office for the Aging (NCOFA) offers several programs to assist older adults in Niagara County. Recently the collaboration with the Niagara County Department of Health has made the Chronic Disease Self Management Program available to this population. Other programs include: Caregivers, HEAP, Legal Assistance, Insurance Counseling, Medical Transportation, New York Connects and the Expanded in Home Services Program. The Nutrition site Program services 16 nutrition sites located throughout Niagara County. The NCOFA also partners with health care agencies within Niagara County that provide programming for older adults such as the Dale Association and the McLaughlin Center for Senior Wellness through DeGraff Memorial Hospital. The meals and educational component are directed by a Registered Dietician. These sites also offer opportunities to bring health education programs such as Stay Well/Falls Prevention and Chronic Disease Management.

Cornell Cooperative Extension (CCE)

Cornell Cooperative Extension of Niagara County has partnered with the Niagara County Department of Health as well as many health agencies and schools in the county. They offer a wide variety of programs and are responsible for the organization of the Niagara County Fair held midsummer. Program offerings include Agriculture, 4H Youth Development, Natural Resources and Environment, Nutrition and Health, Energy and Money Management, Community and Economic Development, Horticulture and Gardening, and the Creating Healthy Places to Live, Work and Play grant. The foods and nutrition programs offered to the community are part of the Expanded Food and Nutrition Education Program (EFNEP) and Eat Smart New York (ESNY) grants. The Creating Healthy Places to Live, Work and Play grant focuses in Niagara Falls and has assisted in the creation of Community garden and

promoting physical activity. The Energy and Money Management works with those who have limited monies and teaches them how to stretch their resources and save energy costs.

YWCA's

The YWCA of the Tonawandas is located in North Tonawanda and provides programs for women and their families. Domestic Violence Education and Counseling is offered along with Career Readiness. Child care is available and programs for children run year long as well as their summer camps for children.

The YWCA of Niagara is a larger facility and located in Lockport. They offer pre-school, day care and K-8 sports and recreational programs. They also work with Domestic Violence and in 2005 opened Carolyn's House. Carolyn's House is a 19 unit apartment building in Niagara Falls for low income women and children. This program addresses poverty and offers an opportunity for women to have counseling and training in Culinary Arts to enter the work force.

YMCA's

The YMCA of Niagara Falls is located in Niagara Falls and offers Health and Fitness programs, child care programs, camping, community development and after school programs for youth. They also have educational programs and fitness programs tailored for older adults. The YMCA of Lockport has offerings in recreational and fitness activities for all with a focus on family wellness. Some of their programs include Zumba, Aerobics, swimming for all ages, and youth development activities for all aged youths. They also provide a before and after school program for students.

Boys and Girls Clubs

There are 2 Boys and Girls Clubs in Niagara County located in Niagara Falls and in North Tonawanda. These programs provide a wide range of supervised recreational activities & delinquency prevention services for children & youth of all ages & backgrounds. Members are entitled to use recreational facilities & may have access to counseling, tutorial services, employment assistance, gang programs, drug abuse & alcoholism prevention & other activities & services that direct their energies toward positive social goals & facilitate healthy personality development.

Niagara County WIC Program

WIC (Women, Infants and Children) is a federal nutrition program which provides food, participant-centered nutrition education and referrals for eligible pregnant women, breastfeeding women, and infants and children under 5 years old. Catholic Charities WIC program serves approximately 20,000 participants each month in Erie and Niagara Counties. The Niagara County WIC program is located in Niagara Falls. WIC is a health and nutrition program. WIC participants get monthly checks to use at grocery stores to buy milk, eggs, juice, cheese, cereal, peanut butter, beans and infant formula. WIC now offers fruits and vegetables, whole grain bread and tortillas, brown rice, tofu, soy milk and baby foods.

Niagara County Head Start

There are 5 Niagara County Head Start Programs. Head Start is a federal program that promotes the school readiness of children ages birth to 5 from low-income families by enhancing their cognitive, social and emotional development. Children and families who are homeless, in foster care, or receive TANF or SSI are also eligible for services. Eligibility is determined by Head Start program staff and some families may be eligible for services if they are determined to be at or below the federal poverty level. Some grantees enroll a percentage of children from families with incomes above the Poverty Guidelines as well. Head provide a learning environment that supports children's growth in:

- Language and literacy
- Cognition and general knowledge
- Physical development and health
- Social and emotional development
- Approaches to learning

Head Start programs provide comprehensive services to enrolled children and their families, which include health, nutrition, social services and other services determined to be necessary by family needs assessments, in addition to education and cognitive development services. Head Start services are designed to be responsive to each child and family's ethnic, cultural and linguistic heritage.

Mental Health Resources

The Mental Health Association of Niagara County provides information and referral, educational presentations, a resource library, Grief Center, Compeer Program, legal advocacy and in-home respite to the county.

With offices in Niagara Falls and Lockport the Niagara County Department of Mental Health provides crisis services, suicide crisis 24 hour phone, outpatient care, forensic non medical care coordination and transitional case management. Over 20,000 phone calls are handled by the agency and they conduct mobile crisis on site evaluations. In 2012 413 onsite evaluations were handled and a total of 768 emergencies managed. Under Mental Hygiene Law 9.60 an Assisted Outpatient Treatment program (AOT) for adults living with mental illness who demonstrate a history of non compliance is available. A single point of access is provided for case management. The Niagara County Department of Mental Health also oversees the Niagara County Mental Hygiene Service System. There are approximately 15 contact agencies and 110 programs connected with these agencies.

Below are listed more resources available in Niagara County for mental health and hygiene services.

Sponsor	Agency Name	Program Name	Populations Served
New Directions Youth & Family Services Inc.	New Directions Youth & Family Services Inc.	CHILDREN'S MOBILE CRISIS OUTREACH	
New Directions Youth & Family Services Inc.	New Directions Youth & Family Services Inc.	COMMUNITY BASED CRISIS INTERVENTION	Children Adolescents
Niagara County	Niagara County	CRISIS OUTREACH COORDINATION &	

Department of Mental Health	Department of Mental Health	AOT	
Niagara Falls Memorial Medical Center	Niagara Falls Memorial Medical Center	EMERGENCY ROOM	
Community Missions Inc.	Community Missions Inc.	RESPITE	Adults
Eastern Niagara Hospital Inc.	Eastern Niagara Hospital Inc.	Lockport Psychiatric Inpatient Unit	Children Adolescents
Niagara Falls Memorial Medical Center	Niagara Falls Memorial Medical Center	Niagara Falls Memorial Medical Center CMHC Inpatient Program	Adults
Buffalo Psychiatric Center	Buffalo Psychiatric Center	North Tonawanda Clinic	Adults
Horizon Health Services Inc.	Horizon Health Services Inc.	Niagara Falls Recovery Center	Adolescents Adults
Monsignor Carr Institute Inc.	Monsignor Carr Institute Inc.	Monsignor Carr Institute Children's Clinic	Children Adolescents
Niagara County Department of Mental Health	Niagara County Department of Mental Health	Lockport Outpatient Clinic	Adults
Niagara County Department of Mental Health	Niagara County Department of Mental Health	Niagara Falls Outpatient Clinic	Adults
Niagara Falls Memorial Medical Center	Niagara Falls Memorial Medical Center	Niagara Falls Memorial Medical Center Clinic Treatment Program.	Adults
The Dale Association Inc.	The Dale Association Inc.	The Dale Association Counseling & Treatment Center	Adults
Niagara Falls Memorial Medical Center	Niagara Falls Memorial Medical Center	Niagara Falls CMHC Continuing Day Treatment	Adults
Community Missions Inc.	Community Missions Inc.	Niagara Visions PROS	Adults
The Dale Association Inc.	The Dale Association Inc.	The Dale Association Inc. PROS	Adults
Community Missions Inc.	Community Missions Inc.	Community Missions - CHOICES Apartment Program	Adults
Community Missions Inc.	Community Missions Inc.	Community Missions - Aurora House	Children Adolescents
Community Missions Inc.	Community Missions Inc.	Community Missions - Canal View	Adults
Community Missions Inc.	Community Missions Inc.	Community Missions - Hansen House Community Residence	Adults
Community Missions Inc.	Community Missions Inc.	Community Missions - Scattered Supp Housing-Comm.Svcs.	Adults
Community Missions Inc.	Community Missions Inc.	Community Missions SH/MRT SH Niagara Cty - Comm Svcs	Adults
Community Missions Inc.	Community Missions Inc.	Community Missions Supp Hsing PC Long Stay/Niagara-Comm	Adults

		Svcs	
Community Missions Inc.	Community Missions Inc.	Supported Housing - High Needs - Community Service-Comm.Svcs	Adults
Housing Options Made Easy Inc.	Housing Options Made Easy Inc.	HOME Supp Housing PC Long Stay/Niagara County-Comm Svcs	Adults
Housing Options Made Easy Inc.	Housing Options Made Easy Inc.	Housing Options Supported Housing-Niagara Cty-Comm Svcs	Adults
Family & Children's Services of Niagara Inc.	Family & Children's Services of Niagara Inc.	Family & Children's Services of Niagara - HH CM	Adults
Horizon Health Services Inc.	Horizon Health Services Inc.	Horizon Health Services - HH CM - City Market	Adults
Family & Children's Services of Niagara Inc.	Family & Children's Services of Niagara Inc.	Family & Children's Services of Niagara - HH NonMed CM	Adults
Horizon Health Services Inc.	Horizon Health Services Inc.	Horizon Health Services - HH Non- Med CM - City Market	Adults
Hillside Children's Center	Hillside Children's Center	Hillside-NIGLO - HCBW Services	Children Adolescents
New Directions Youth & Family Services Inc.	New Directions Youth & Family Services Inc.	New Directions - C&Y ICM - Wyndham Lawn	Children Adolescents
Community Missions Inc.	Community Missions Inc.	On-Site Case Management	Adults
Community Missions Inc.	Community Missions Inc.	SPOA Non-Medicaid Care Coordination	Adults
Horizon Health Services Inc.	Horizon Health Services Inc.	Niagara County AOT	Adults
Mental Health Association in Niagara County Inc.	Mental Health Association in Niagara County I	MHA Niagara Co -Compeer Niagara Non-Medicaid Care Coord.	Adults
Niagara County Department of Mental Health	Niagara County Department of Mental Health	Forensic Non-Medicaid Care Coordination	Adults
Niagara Falls Memorial Medical Center	Niagara Falls Memorial Medical Center	Niagara Falls Memorial Med Ctr Child Advoc Ctr Care Coord.	Children Adolescents
Niagara Falls Memorial Medical Center	Niagara Falls Memorial Medical Center	Non-Medicaid Care Coordination	Adults
Family & Children's Services of Niagara Inc.	Family & Children's Services of Niagara Inc.	Family & Children's Services of Niagara - C&Y SCM	Children Adolescents
Niagara County Department of Mental Health	Niagara County Department of Mental Health	Transitional Case Management	Adults
Horizon Health Services Inc.	Horizon Health Services Inc.	NEW INITIATIVE SUPPORTED EDUCATION	Adults
Mental Health Association in Niagara County Inc.	Mental Health Association in Niagara County I	COMPEER FOR YOUTH	

New Directions Youth & Family Services Inc.	New Directions Youth & Family Services Inc.	Family Support - C&Y	
Monsignor Carr Institute Inc.	Monsignor Carr Institute Inc.	Probation Clinic Joint Initiative	Children Adolescents
The Dale Association Inc.	The Dale Association Inc.	Community Mental Health Nurse	Adults
Mental Health Association in Niagara County Inc.	Mental Health Association in Niagara County I	Children's In-Home Respite Program	
Community Missions Inc.	Community Missions Inc.	CMI - Patient Transportation	Adults
Mental Health Association in Niagara County Inc.	Mental Health Association in Niagara County I	CLIENT ADVOCACY	Adults
Mental Health Association in Niagara County Inc.	Mental Health Association in Niagara County I	PEER ADVOCACY	Adults
Niagara Falls Memorial Medical Center	Niagara Falls Memorial Medical Center	Advocacy and Support Programs	Adults
The Dale Association Inc.	The Dale Association Inc.	PEER SPECIALISTS	Adults
Community Missions Inc.	Community Missions Inc.	Drop In Center	Adults
UCP of Niagara County Inc.	UCP of Niagara County Inc.	Ongoing Integrated Supported Employment Services	Adults

Source: New York State
Office of Mental Health

Food Pantries

There are 17 food pantries located in Niagara County. Several of the food pantries also offer clothing assistance, meals and education on meal preparation and making the food dollar stretch. Many of these programs are connected with faith based organizations.

Farmers Markets

There are 6 large farmers markets in Niagara County that offer fresh fruits and vegetables grown in the region to consumers. When in season well over 100 roadside farmers fruit and vegetable stands are available throughout Niagara County. Maps of area farms and fruit/vegetables are available through Cornell Cooperative Extension.

Media Resources

The Niagara County Department of Health in collaboration with Lockport Community Television (LCTV) produces a monthly television program that focuses on public health issues. This is an in kind service to the community with assistance and training from technicians at LCTV. This monthly show is aired at least 24 times

during each month at various times during the day. It has the capacity to reach 62,000 households in Niagara County. Local television Stations (WGRZ, WIBV, WKBW, YNN) have been cooperative in covering public health stories.

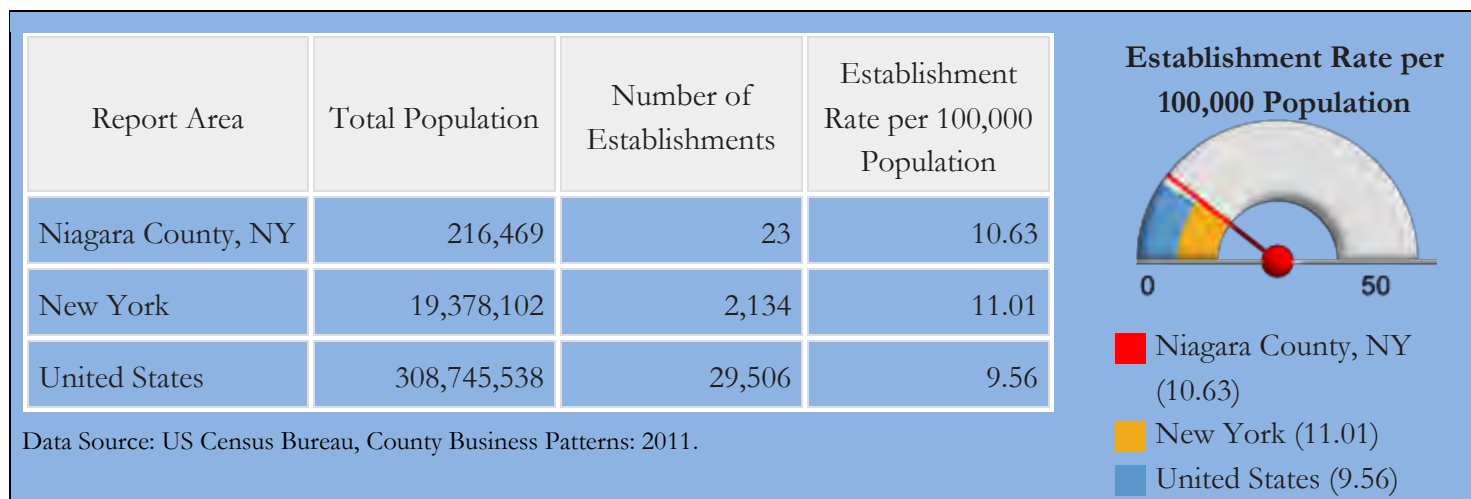
The 3 local newspapers (Niagara Falls Gazette, Lockport Sun and Journal, Tonawanda News) along with the Metro News (free publication) have been generous in their coverage of public health activities and printing of press releases. The Metro News is delivered to all households in Niagara County. A reporter from the Buffalo News attends the Niagara County Board of Health meetings and publishes a report monthly.

The Niagara County Department of Health displays program offering and other pertinent public health information on its website as well as maintaining a Face Book page.

The Niagara County 2-1-1 webpage is also a comprehensive resource for human services in Niagara County.

Recreation and Fitness Facility Access

This chart reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System.



Coalitions and Community Groups

In addition to the resources mentioned above, there are many state, regional and county specific coalitions and groups that meet to address the public health of the county.

The Western New York Public Health Alliance (WNYPHA) was established in 1992 and became a 501(c) (3) organization. The group is comprised of the public health directors/commissioner from the 8 county region in Western New York. The WNYPHA leads the development of public and private sector partnerships and collaborations to efficiently coordinate resources for improving the health status and safety of populations in our Western New York region through public health surveillance, education, prevention and intervention. Among the programs they support as the lead agency is the Cancer Services Program of Niagara County. This program is subcontracted to the Niagara County Department of Health to provide free breast, cervical and colorectal cancer screening for individuals who are uninsured. The WNYPHA also works with the Erie County Asthma grant, grants concerning HIV and maternal and child health.

The P2 (Pursuing Perfection) Collaborative of Western New York is a not-for-profit organization established in 2002. The group works with the 8 counties in Western New York on public health initiatives to include: care transformation, community health improvement and health engagement. They have a working relationship with many counties in Western New York to facilitate the Community Health Improvement Plan process and lead the initiative of Creating a Healthier Niagara Falls.

Below is a listing of other coalitions that are dedicated to the health of Niagara County.

- Cancer Services Program Partnership
- CASA-Central Atlantic States Association
- CASE-Coalition of Agencies in Service to the Elderly
- Citizen Advisory Committee for Chemical Waste Management
- Coalition of Child, Adolescent and Adult Immunization
- Developmental Disabilities Alliance of Western New York
- Diabetes Advisory Committee
- District Committees on Preschool Special Education
- Early Intervention Coordinating Council
- Falls Prevention Coalition
- Family Life Advisory Committee
- Head Start Advisory Board
- HEART-Health Emergency Alert Response Team
- Human Services Coalition of Lockport
- Human Services Coalition of North Tonawanda
- Infant/Child Injury and Death Team
- Lead Prevention Coalition
- LEPC-Local Emergency Planning Committee
- Long Term Care Advisory Council
- Migrant Health Coalition
- Niagara County AIDS Task Force
- Niagara County Pre-School Task Force
- Niagara County Special Needs Task Force
- Niagara Watershed Alliance
- Perinatal Task Force
- Restoration Advisory Board for LOOW
- Western New York DDS Advisory Board
- Western New York HIV/AIDS Public Health Coalition
- Western New York Home Care Directors

In addition to these groups, the Niagara County Department of Health works in collaboration with schools, colleges, worksites, and community based and faith based organizations to address public health concerns. Many of the churches have health committees or women's groups that focus on health issues. The Niagara County

Department of Health also works with the Tuscarora Health Clinic to provide education and resources to the residents of the reservation. The Community Health and Resource Fair and Community Picnic are held each year and provide residents the opportunity to gather health information from health providers.

Various health care agencies exist within Niagara County with the focus on improving the health of the community. The Niagara County Department of Health networks and partners with these agencies establishing strong relationships and sharing of resources, expertise and collaboration on grants and other funding opportunities. Several of these agencies include; The Dale Association, The American Red Cross, The Alzheimer's Association of WNY, The Mental Health Association of Niagara County, Healthy Families Niagara, The American Cancer Society, The American Heart Association, The Federal Food and Drug Administration, Environmental Protection Agency, Department of Environmental Conservation, Planned Parenthood, Legal Aid Society, Hospice, The American Heart Association, AIDS Community Services, Niagara Falls Community Health Workers Program, United Cerebral Palsy Association and The United Way.

The Niagara County Department of Health also partners with county businesses to promote public health. The recent partnership with Tops Supermarkets and their involvement with the Community Health Survey and Budweys Supermarket in their support of Breast Cancer Awareness Month are examples of local businesses and their support.

4. The Community Health Assessment and Community Health Improvement Plan Process

Process and Methods

The Public Health Educator and the Director of Nursing for the Niagara County Department of Health attended a preliminary meeting in November of 2012 with the New York State Department of Health, representatives from the each local health department in the Western New York Region and P2. The plans for the Community Health Assessment and the Community Health Improvement Plan were unveiled and discussed.

The new requirements were reviewed and discussed at Niagara County Health Department Administrative and Division Head meetings. P2 contacted the Niagara County Department of Health to offer its assistance and guidance in the process. A team from the Niagara County Department of Health was assembled and met in March. The immediate task that was addressed was the need to obtain community input in the process. The group identified that a Community Health Survey and Community Focus groups would be used to gather community input. Shortly thereafter the CEO's from the Niagara County Hospitals were contacted and invited to an initial meeting to begin the Community Health Improvement process. This meeting was held in April with representatives from each of the Niagara County hospitals, P2 and the Niagara County Department of Health team. (this group will be referred to as the CHIP group). The meeting outlined the requirements of the collaboration that was mandated by the New York State Department of Health in the Community Health Improvement Process. The group also identified various means of distribution of the survey and their agreement to assemble a focus group.

The following is the listing of LHD and hospital meetings held and facilitated by P2.

Planning Meetings – location

- March 7th 2013 (NCDOH and P² to discuss initial survey development) – NCDOH
- April 9th 2013 – Niagara County Emergency Services Training Building
- May 16th 2013 – NCDOH*
- July 2nd 2013 – Niagara Falls Memorial Medical Center*
- August 27th 2013 – Eastern Niagara Hospital, Lockport*
- September 11th 2013 – DeGraff Memorial Hospital
- October 3rd 2013 – Mt. St. Mary's Hospital

During the CHIP group meeting in July the group brainstormed as to who or what agencies needed to be involved in the community health assessment process. Since we were getting close to specifically identifying 2 priority areas and a disparity the group wanted input. Each hospital along with members from the Niagara County Department of Health team identified agencies that we felt could add information or perhaps join the process of community assessment. Members from Niagara County Community College, the Dale Association, Opportunities Unlimited and the Niagara County Department of Mental Health joined in discussion to identify health related concerns in their populations. Three questions were put forth for discussion. The following is a brief synopsis of the discussions.

1. What health issues or concerns do you see in your community? What are the characteristics of the population(s) you serve?

- Discussion Group A:
 - Health Issues/Concerns: Patients need help with navigating healthcare system and the resources needed to access information; The “laundry list” of resources that are given with little assistance to help navigate that list; Providers need more education about how manage diverse populations (e.g. those with developmental disabilities)
 - Community Characteristics – people are of lower income, aging, and have low health literacy.
 - Need to develop more collaborative communication and a strong support network
- Discussion Group B:
 - Health Issues/Concerns: PTSD, Diabetes/overweight, Environmental risks, Mental health issues – mental illness keeps from working on chronic diseases, shortage of psychiatrists and other professionals, Cancer, Nutrition
 - Community Characteristics: Veterans, overweight, high percentage of smokers compared to regional average, mental illness, transportation barriers, geriatric populations.

2. What are the main needs that you see in your community/the population(s) that you serve?

- Discussion Group A:
 - Needs: Effective or new methods of communication to work with those needing services; Collaborative efforts to implement outcome-based systems policies and environmental changes; User-friendly systems; Support networks
- Discussion Group B:
 - Needs: More providers and specific training for mental health professionals; Provider training to better serve the geriatric population; Better transportation infrastructure for both patients and healthcare service workers; Expansion and collaboration of care coordination services; System transition to “pre-episodic” treatment to save money and improve health outcomes (e.g. immunizations and screenings); Education and cessation support for current smokers.

3. How can we as a community join together to address these needs?

- Discussion Group A:
 - Bring together school districts, area colleges/universities, school parent organizations, faith-based organizations, and healthcare providers to start to work collaboratively to address health problems and solutions.
- Discussion Group B:
 - For Mental Health Field: look at the system, including the VA, to break down existing silos to improve access, coordination, and the spectrum of care for patients (including family support).
 - For Transportation issues: look into vehicle donations or home visits to overcome the transportation barrier to healthcare access.

The Community Health Survey

The Niagara County Department of Health had been partnering with the University of Buffalo to provide medical resident students involved in the Masters in Public Health/Preventive Medicine program, hands on public health experience. One such resident was Dr. Rashmi Bismark who was interested in becoming involved with the Community Health Assessment and the Community Health Improvement Plan as part of her experience in public health. The Public Health Educator worked with Dr. Rashmi Bismark in the development of questions for the Community Health Survey that would identify priority areas, health behaviors, facilitators of health, barriers to health, health care utilization and demographic information. An open ended question was added to the survey to collect anecdotal information directly from the respondents. Consideration was given regarding the language used in the survey to convey the meaning of the question in a universally comprehensible manner. A Spanish version of the survey was also available. These questions were also reviewed by P2 to ensure the survey's compatibility to be placed on Survey Monkey. Prior to the survey being placed on Survey Monkey and released to the public all the hospitals were given the draft survey to review and make comments and changes if appropriate.

Once the survey was ready for release, Daniel Stapleton, the Public Health Director, composed a press release that was sent to all media outlets. Survey links were provided on the Niagara County Department of Health Facebook page. The Public Health Educator provided survey access information on the monthly television program encouraging people to take the survey or call the health department for access to paper copies. Division Directors of the Niagara County Department of Health were instructed to have their employees take survey flyers out to the community as part of their daily activities such as the various health clinics and rabies clinics. The survey was also made available to the Niagara County Board of Health and the Niagara County Legislature. Paper copies were made to have available at local libraries. The Public Health Educator collaborated with Tops, a local grocery store chain with 9 stores in Niagara County, to distribute paper copies at their pharmacies. Dr. Rashmi Bismark had been working with the Elders on the Tuscarora Reservation and took copies of the survey to their meetings. However the Tuscaroras choose to use the survey as a template to develop a community survey specifically for the reservation. As of this writing the results of that survey are not known.

The following outlines the areas that were addressed in the Niagara County Community Survey. More specifics are provided in the survey results that follow.

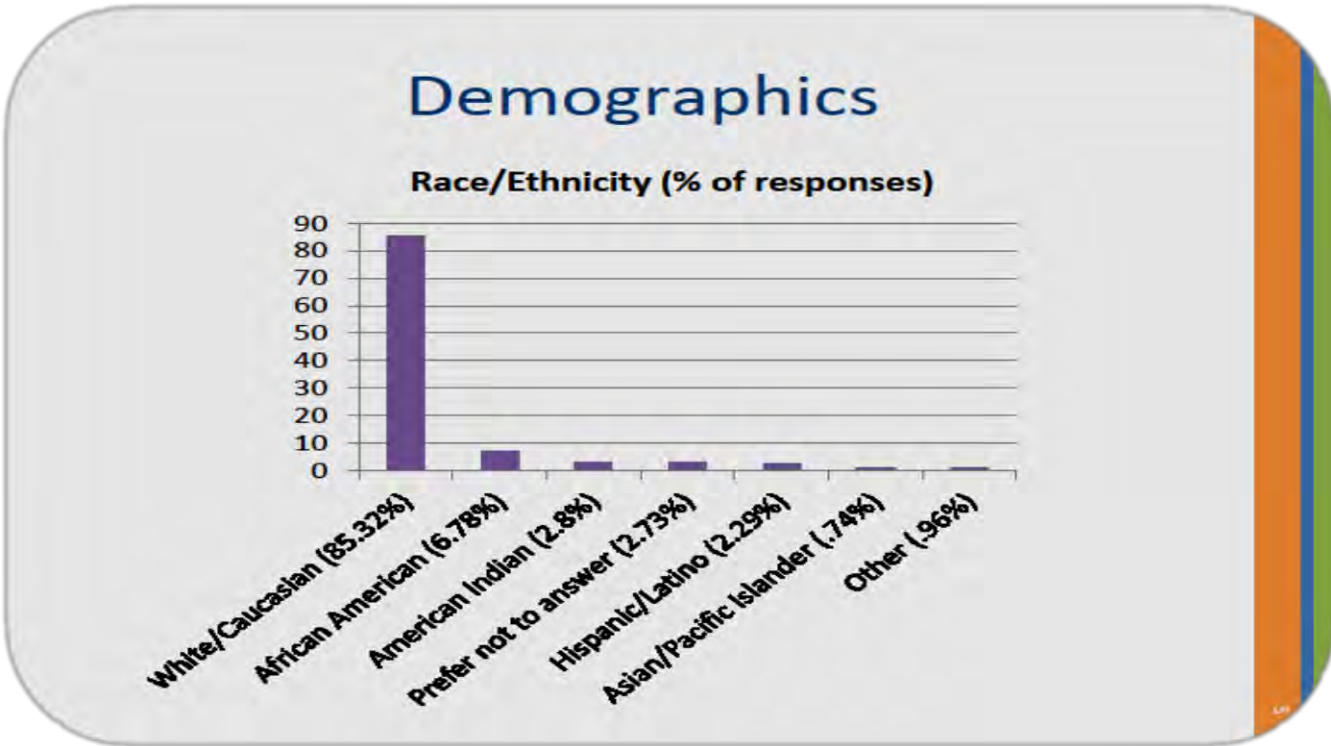
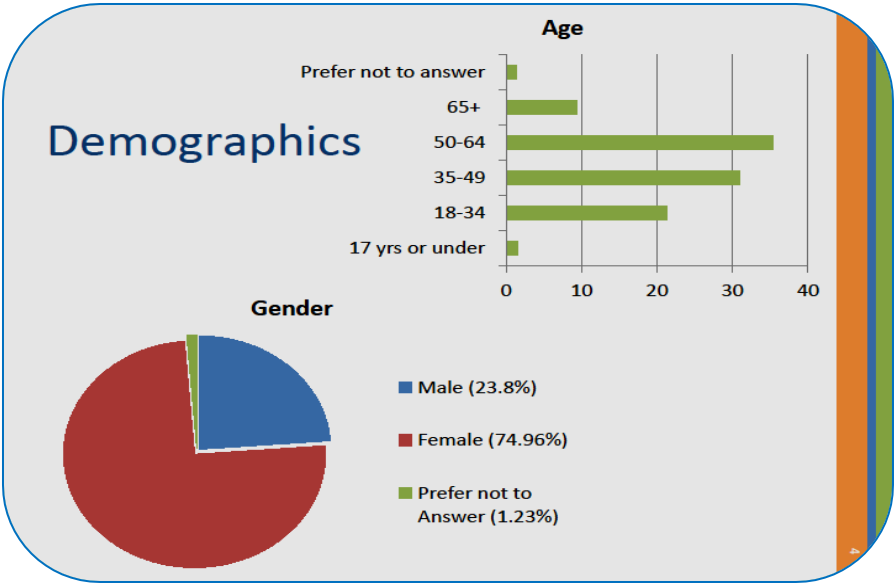
- What is your Zip Code?
- When you think about your own health or the health of your community, which 3 issues are you most concerned about? (20 health topics based on priority areas were provided with a selection of "other-please specify")
- In your life right now, what keeps you from being healthier? (16 possible responses with an "other-please specify were provided to assess barriers to health)
- In the future, what might help you make healthy changes in your life? (16 responses with an "other-please specify to assess facilitators of health)
- Where do you get most of your health information?
- How often do you see your health care provider?
- If you go to the hospital which Niagara County hospital do you or your family get most of your care?
- In general, how would you rate your health? (scale of 1 very unhealthy-7 excellent health)

- How would you describe your mood?
- How likely are you or your family to attend a free or low cost health promotion program in your community such as smoking cessation, nutrition classes, blood pressure screening?
- We are interested in what you are proud of in your community. What are some exciting services or characteristics in the community that support health and well-being of your family? (this opened ended question allowed people to write in their responses)
- What is your age?
- What is your gender?
- What is your race/ethnicity?
- What is your annual household income?

Plans to inform the community of the results of the Community Health Survey and Assessment will be directed by the Public Health Director in January of 2014. A press release will be distributed to the local media outlets, P2 representatives and the Public Health Director will be guests on the Niagara County Department of Health's television program to outline the results. Copies of the Community Health Assessment and Community Health Improvement Plan will be given to the members of the Board of Health and the Community Health Assessment and Community Health Improvement Plan will be available on the Niagara County Department of Health website. Local hospitals will be encouraged to provide this information on their respective websites as well.

The survey was released to the public in April of 2013 with a closing date of May 31st. Paper surveys were collected and manually entered into the Survey Monkey. There were a total of 1453 respondents. The following are the results of the survey as reported by P2.

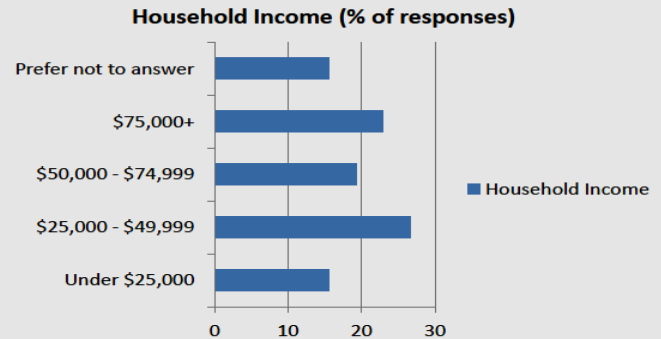
Although the survey was marketed to both men and women the majority (74.96%) of respondents were female. The majority of the survey responses came from those in the 35-64 year old categories.



The survey race/ethnicity responses show that the greater percentage of the respondents were White/Caucasian (85.32%). While this may appear to be an inequity these numbers tend to mirror the population demographics.

In the early phases of the survey the responses were predominantly from White females with a household income of \$75,000+. The Niagara County Health Department met to identify ways of outreach to capture information from a more diverse population. Libraries, superstores, laundromats, and hospital lobbies were supplied with paper surveys and flyers to direct people on line.

Demographics



The top three health concerns identified by the respondents are cancer (50.24%), Heart-Related Issues (37.23%) and Overweight/Obesity (31.93%). Taking these results into consideration were part of the formulation of the first priority area for the Community health Improvement Plan

Health Issues & Importance

- **Cancer (50.24%) Prevent Chronic Disease**
- **Heart-Related Issues (37.23%) Prevent Chronic Disease**
- **Overweight/Obesity (31.93%) Prevent Chronic Disease**
- Alcohol/Drugs (27.94%) Promote Mental Health/Prevent Substance Abuse
- Nutrition/Healthy Diet (27.32%) Prevent Chronic Disease, Healthy & Safe Env.
- Physical Activity (23.33%) Prevent Chronic Disease, Healthy & Safe Environment
- Stress Management (22.57%) Promote Mental Health/Prevent Substance Abuse
- Diabetes (22.16%) Prevent Chronic Disease
- Food & Water Safety (21.4%) Healthy & Safe Environment
- Abuse or Neglect (15.97%) Promote Mental Health/Prevent Substance Abuse
- Asthma/COPD (13.15%) Healthy & Safe Environment
- Tobacco, Nicotine, Quitting Smoking (12.04%) Prevent Chronic Disease
- Immunizations, Infectious Disease (9.7%) Infectious Disease
- Dental Health (9.54%) N/A
- Family Planning (9.29%) Maternal & Child Health
- Suicide Prevention (8.81%) Promote Mental Health/Prevent Substance Abuse
- Injury Prevention (8.33%) Healthy & Safe Environment
- STIs, HIV/AIDS (7.98%) Infectious Disease
- Maternal Health Care (5.92%) Maternal & Child Health

What keeps you from being healthier? (*Barriers to health*)

- I don't have enough time (38.85%)
- I take care of my family's health before my own (31.94%)
- I have money issues that get in the way (25.54%)
- I need more support or encouragement (18.06%)
- I've tried to make changes before and it didn't work (13.53%)
- I need more information on how to make healthier changes (13.45%)
- I have difficulty trusting the medical system (11.73%)
- I don't think I'm at risk for health problems (7.84%)
- I don't have health insurance (7.27%)
- I don't have transportation (4.96%)
- I'm afraid of making changes (4.03%)
- I don't see my health as a high priority (3.24%)
- I don't want to make any changes (3.02%)
- I don't have a doctor or healthcare provider nearby (2.30%)

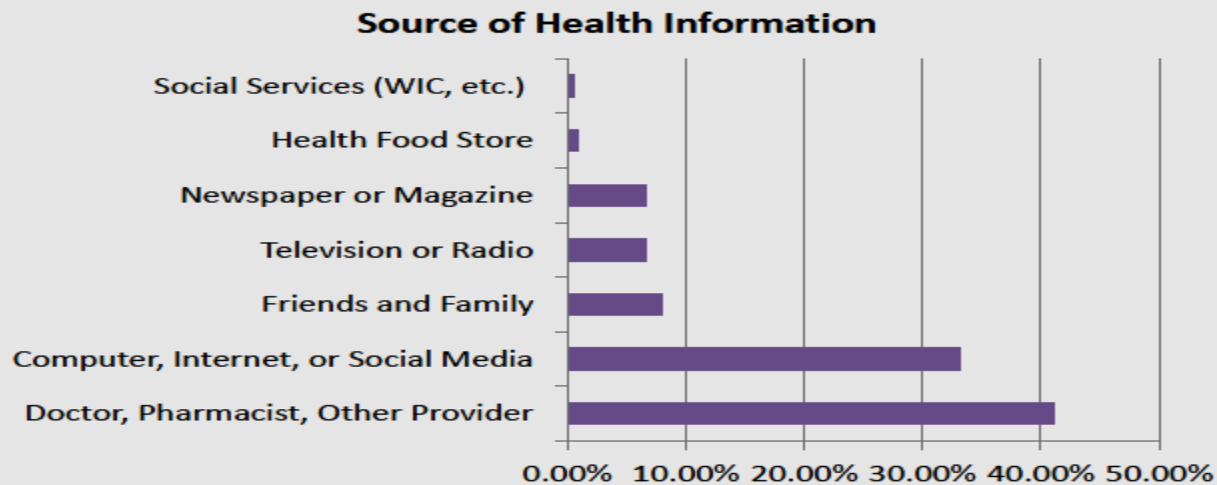
Time, family priorities and money are identified as a barrier to becoming healthier. These responses will assist the CHIP group in identifying ways to keep barriers in mind when developing and implementing strategies to address the priority areas. One area that we felt might be ranked higher was transportation. However given the demographics of the respondents it might be assumable that transportation is readily available for them.

What might help you make healthy changes in your life? *(Facilitators of health)*

- **More recreational opportunities appropriate to age and skill level (28.77%)**
- **Incentives such as gift cards for participation, etc. (25.61%)**
- **Getting reminders for when you are due for certain tests (23.03%)**
- **Wanting my family to be healthier (21.52%)**
- **Having the desire to be healthier (20.09%)**
- **Being part of a group that encourages healthy habits (17.65%)**
- **Having more trust/comfort with the medical system (17.58%)**
- **Taking more time to talk with healthcare professionals (16.5%)**
- **Local hospitals/businesses offering free health screenings (13.99%)**
- **Getting more information from newspapers and TV (7.53%)**
- **Transportation (7.1%)**

The results among the top five responses are very close. Anecdotally, some open responses indicated that people don't feel that they have any activities in their communities that they can be part of because of age and skill level. Some respondents said they felt there were no programs in their community at all. Others had complimentary things to comment on regarding activities in their communities such as schools open for walking, parks, bike and walking paths and fitness centers nearby.

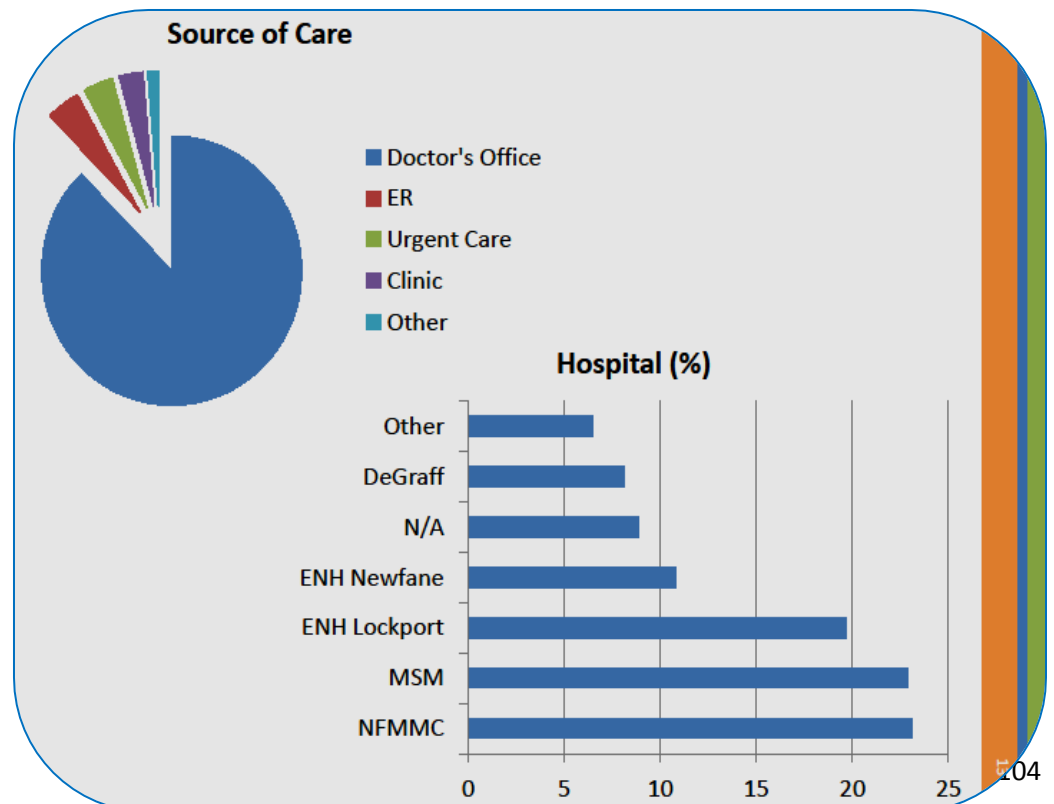
Where do you get most of your health information?

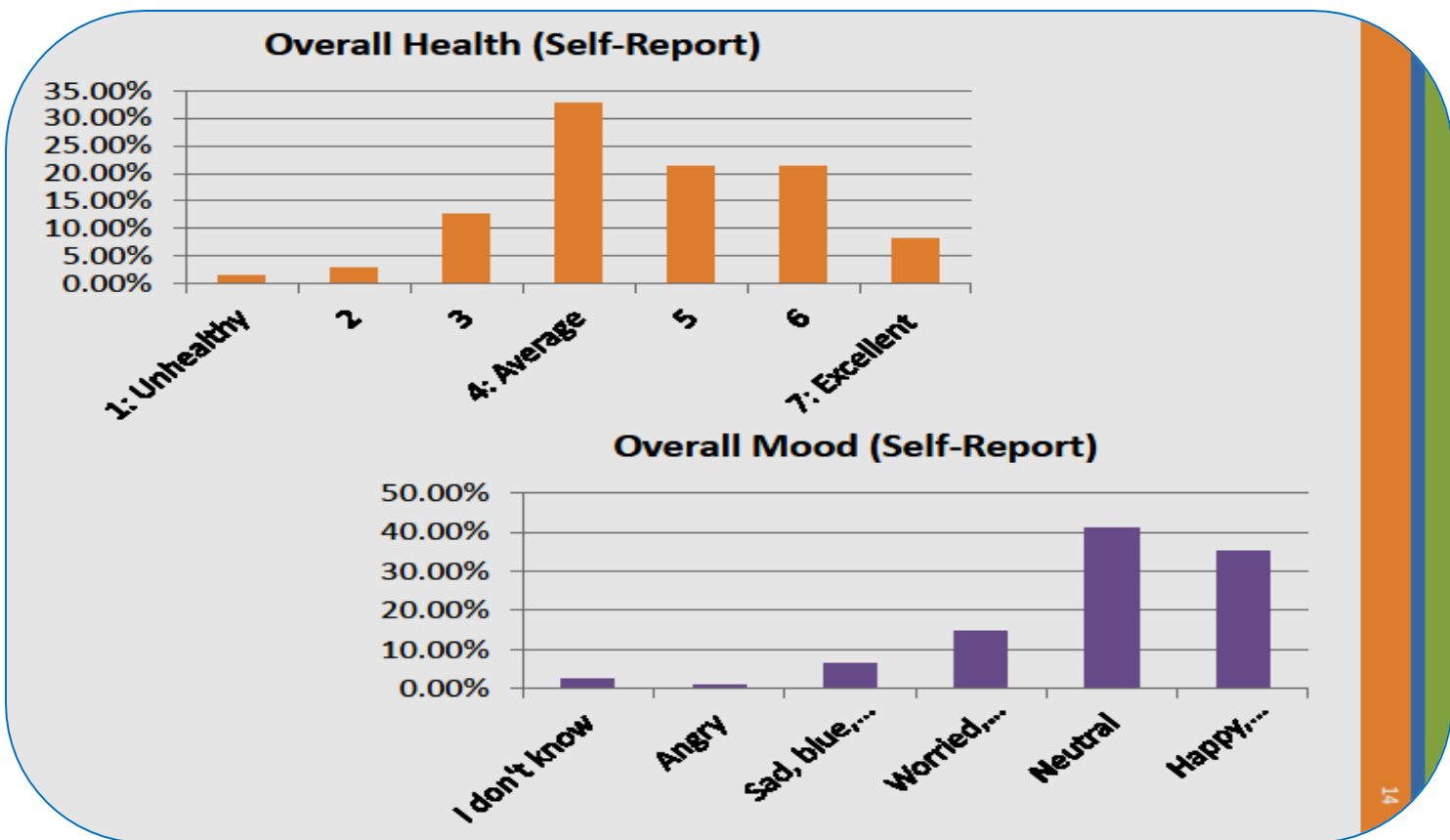


Not surprisingly most people get their health information from a health care provider. However the trend is to get health information from internet sources. While there is a wealth of health information to view on the Internet the reliability of the source may not be medically accurate.

The front line of care continues to be the physician's office followed by the Emergency Room and Urgent Care.

Mount Saint Mary's Hospital and Niagara Falls Memorial Hospital are utilized the most by the survey respondents.

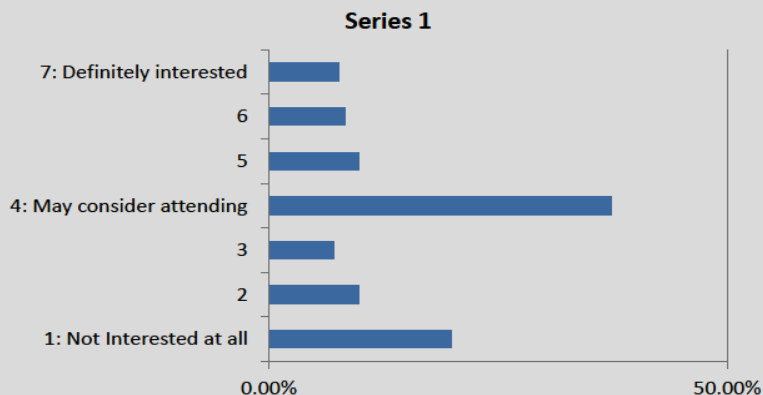




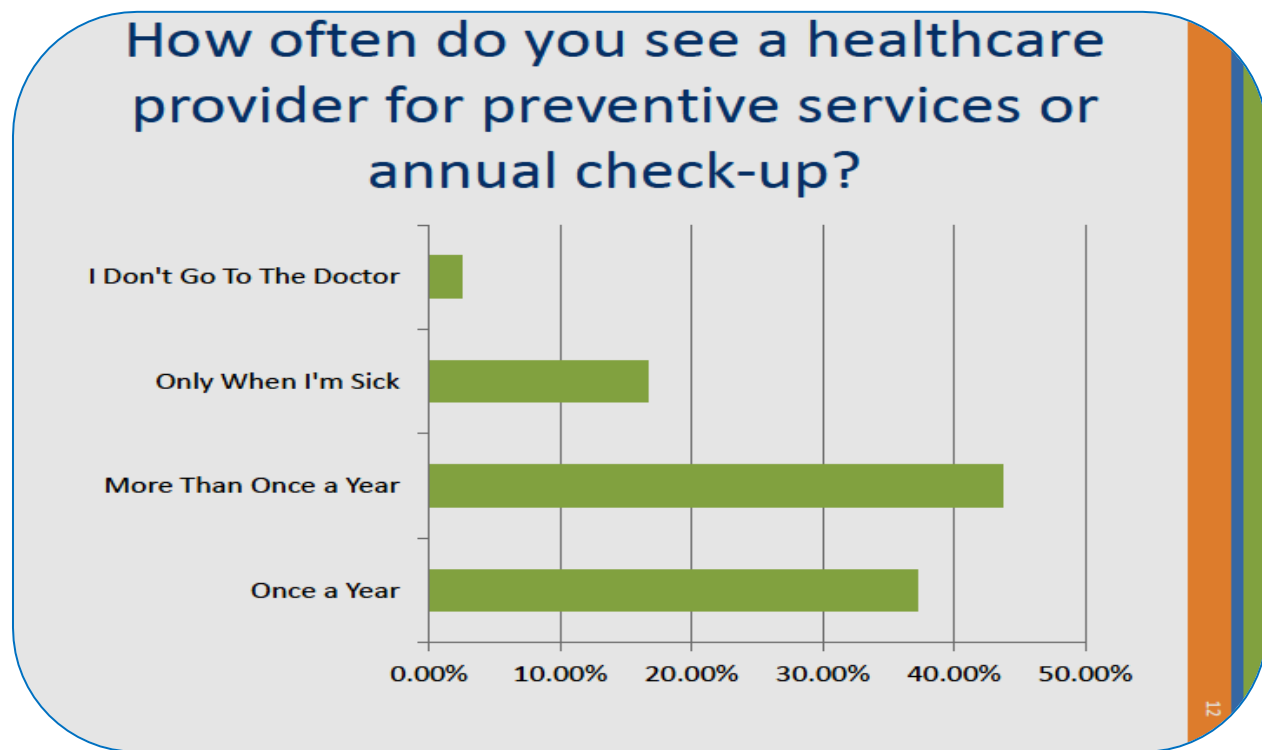
Most respondents felt their health was average or above and that their mood was neutral or they felt happy.

The greater percentage of those respondents felt they might consider attending a free health program in their community. However there was a significant amount that had no interest. This may be a reflection of the barrier of not having the time to make healthy changes.

How likely are you or members of your family to attend free- or low-cost health promotion programs in the community?



Over 70% of respondents see their health care provider at least once a year for preventive services and check-ups.



Focus Groups

The hospitals and the Niagara County Department of Health were in agreement to use community focus groups as another means of gathering information for the Community Health Improvement Plan. The Public Health Educator along with Dr. Rashmi Bismark worked together to develop focus group questions that would be consistently used by the hospitals. Focus groups were held by the Niagara County Department of Health in collaboration with DeGraff Hospital and 2 other focus groups were held at Niagara Falls Memorial Hospital and Eastern Niagara Hospital. The majority of the respondents were female and older adults. Below are some of the highlights from the 3 focus groups that were held.

What does community mean to you?

- Access to health services for everyone
- Safe areas to live in
- Healthy environment
- People taking care of each other
- Neighbors taking care of their property

What health problems are the biggest concern to you and your community?

- Obesity
- Heart disease
- Loss of health insurance
- Diabetes Mental health
- Cancer
- Too many fast food places
- Chemical plants
- Lifestyle choices

What are 2 contributing factors to health problems in your community?

- Car exhaust
- Power lines
- Underage drinking
- High cost of health care
- The court system
- Smoking
- Not enough exercise
- People living off the government that can be working
- Laziness
- Safety and crime

What resources do you need to become healthier?

- A walking buddy
- Exercise programs with seniors in mind
- A Pulmonary Rehab program
- Trusted information on the Internet
- Less expensive drugs
- Good health care from doctors, hospitals and the insurance companies
- More health education and outreach
- More police
- Transportation to services

The Development of Priority Areas

The CHIP group reconvened in July 2013 to discuss the results of the survey, the focus groups, existing data and comments made during the community meeting. The first goal was to identify the 2 priority areas along with a disparity that would be then formatted into a Community Health Improvement Plan showing collaboration among the hospitals and the Niagara County Department of Health. The group considered the burden of the disease by reviewing existing data, identifying existing programs that are using evidenced based practices that could be expanded, discussing resources available from both a staff and funding capacity, whether these programs could be evaluated for quantifiable measures and sustainability of these programs.

In reviewing the survey data and focus group responses, the group identified that there was an overwhelming amount of community concern for chronic diseases. Cancer, heart disease and overweight/obesity respectively scored the highest for Health Issues and Importance in the community health survey (refer to chart on pg 97). These chronic diseases were also identified often in the focus groups. Under the Promote Mental Health/Prevent Substance Abuse priority area, Alcohol/Drugs ranked 4th as Health Issues and Importance. Therefore the group felt the need to enlist a mental health professional in the CHIP group.

Mr. Timothy Deeks, LCSW, Clinical Services Supervisor from the Niagara County Department of Mental Health, was invited to join the CHIP group. Mr. Deeks brought years of knowledge and experience with him and verified that the clients that are involved with the Mental Health Program very often have a chronic disease that they are experiencing. He also identified that this chronic disease can at times be an impediment to treating mental hygiene issues.

The Niagara County Department of Health Nursing Division recently completed the training of their nurses in the Chronic Disease Self Management Program (CDSMP) and beginning to offer classes to the public. Nurses also completed a Diabetes Prevention Program with the focus on pre-diabetes and diabetes prevention. The Niagara County Department of Health recently established a collaboration with the Niagara County Office for Aging to

begin to provide health assessments at the nutrition meals sites as well. Therefore utilizing these new programs, CDSMP and Diabetes Prevention, appeared to be perfect for addressing the priority area of chronic disease.

In discussion the group identified the reciprocal referrals that could take place among the hospitals and their discharged patients for the CDSMP and Healthy Lifestyles Diabetes Program as well as clients who are involved with the Niagara County Department of Mental Health. There was also discussion regarding available tracking and outcome assessment tools. Since the CDSMP is an evidenced based program there are tracking tools that are applied and can be used to measure outcomes.

Following the identification of this priority area, (Chronic Disease with Mental Health as a disparity), hospital teams agreed to meet to develop their plan of action for 2014-2017.

Choosing the 2nd priority area was done by similar process. The Niagara County Department of Health along with DeGraff Memorial Hospital (Kaleida Health) had been partnering for 7 years in a Stay Well Program for older adults. 3 years prior the Stay Well Program had applied for and received a grant from the Community Health Foundation of Central and Western New York to continue the Stay Well Program with the emphasis on falls prevention for older adults. Each hospital noted that they are aware of the Emergency Room visits and admissions for older adult falls and felt that by using some of the same programmatic approaches as the Stay Well Program they could have an impact in their communities in the area of falls prevention particularly the admission rates for older adults who have experienced an injury from a fall.

The Stay Well Program uses evidenced based activities in multi-week presentations to older adults such as the TUG, (Timed Up and Go), testing and QiGong, a form of Tai Chi. QiGong is a practice that involves a series of postures and exercises that have shown to have many health benefits that include lowering the risk of falls in studies conducted by the National Institute on Aging and the Oregon Research Institute. The Stay Well Program has also implemented tracking systems and measurements to evaluate program outcomes. The CHIP group showed interest in staff training by the Stay Well Program team to see how they might implement a similar program in their communities as part of their CHIP activities. Following the identification of this priority area, (Healthy and Safe Environment-Falls Prevention), hospital teams met to develop their plan of action for 2014-2017.

The following are the Community Health Improvement Plans for the Niagara County Department of Health, DeGraff Memorial Hospital, Eastern Niagara Hospitals, Mount Saint Mary's Hospital and Niagara Falls Memorial Hospital.

Niagara County Department of Health

Priority Area #1

Preventing Chronic Disease

Disparity: Mental Hygiene

Focus Area	Goal	Objective	Activities	Partner Responsible
Chronic Disease	Promote use of evidence-based care to manage chronic disease	<p>By December 31, 2017, increase by at least 5% the percentage of adults with arthritis, asthma, cardiovascular disease, or diabetes who have taken a course or class to learn how to manage their condition.</p> <p>Reduce disparity: By December 31, 2017, increase by at least 30 the number of referrals for individuals with depression received by the Niagara County Department of Health CDSMP and DPP programs from the Niagara County Mental Health and the Mental Health Association.</p>	<ol style="list-style-type: none"> 1. Educate nursing staff regarding recent studies and data on chronic disease. 2. Increase number of participants completing diabetes prevention program (DPP) by 10% by 12/31/2017. 3. Increase number of participants completing the chronic disease self-management program (CDSMP) by 10% by 12/31/2017. 4. Review and evaluate data from participants that have completed DPP and CDSMP. 5. Conduct DPP outreach and program provision to two community / senior centers each year. 6. Conduct CDSMP outreach and provision to four community / senior centers each year. 7. Develop and implement promotional plan. 8. Develop and implement tracking system for both programs by 12/14. 9. Meet with Niagara County hospitals and community based organizations to educate on programs by 12/14. 	<p>NCDOH</p> <p>NCDOH</p> <p>NCDOH</p> <p>NCDOH</p> <p>NCDOH NC Office for the Aging</p> <p>NCDOH NC Office for the Aging</p> <p>NCDOH NC Office for the Aging NCDOH</p> <p>NCDOH Hospitals</p>

			10. Collaborate with Niagara County hospitals and develop system of referral by 12/14. 11. Choose tool to use at Health Assessment Clinics (HAC) to identify patients with depression by 6/14. 12. Collaborate with Niagara County Mental Health and the Mental Health Association to establish a reciprocal referral system for individuals with depression by 12/14. 13. Educate four area physicians in collaboration with P ² Collaborative of WNY, Inc. by 12/14. 14. Offer depression screening as part of a health assessment at four senior nutrition sites by 12/14.	NCDOH Hospitals NCDOH Niagara County Mental Health NCDOH NC Mental Health Association NCDOH P2 Collaborative of WNY, Inc. NCDOH
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Niagara County Department of Health

Priority Area #2

Promote a Safe and Healthy Environment

Focus Area	Goal	Objective	Activities/Interventions	Partner Responsible
Injury Prevention	Reduce falls risks among vulnerable populations	By December 2017 reduce the rate of fall related hospitalizations in the population aged 65+ by 10%. Niagara County rate 216.3 per 10,000. (NYS Indicators for Tracking Public Health)	NCDOH-by 12/31/14 1. Research and review hospital specific data related to falls hospitalizations by 6/14. 2. Identify community/ hospital resources for reducing falls risks by 6/14. 3. Develop a resource listing of falls resources. 4. Continue to focus on falls prevention through the Stay Well Program. 5. Complete a falls prevention risk assessment on 100% of the participants as part of a health assessment at 8 senior nutrition sites.	NCDOH Hospitals NCDOH Hospitals Community Partners NCDOH Hospitals NCDOH Degraff Hospital NCDOH Niagara County Office for the

			6. Collaborate with media sources to identify 3 activities to inform the community about falls prevention. 7. Distributes falls information at resource events, home visits, health clinics and physicians. 8. Encourage program sustainability by preparing quarterly reports for the Niagara County Board of Health and informing lawmakers.	Aging NCDOH NCDOH NCDOH
			By 12/31/2015 1. Develop a system to evaluate outcomes of falls risk assessment done by NCDOH during health assessment clinics by 4/15. 2. Implement outcome tracking system by 6/15. 3. Expand Stay Well/Falls Prevention opportunities by offering program resources, training and technical assistance to hospitals and community partners. 4. Provide 4 Stay Well Programs throughout Niagara County with one program concentrated on Caregivers. 5. Collaborate with hospitals and community partners to identify means distribution of falls prevention materials and screening tools to 10 physicians and health care agencies by 6/15. 6. Identify 2 social marketing/evidenced based strategies to be used for the distribution of falls prevention information by 6/15.	NCDOH NCDOH NCDOH DeGraff NCDOH DeGraff NCDOH Hospitals NCDOH

			<p>7. Increase the number of participants attending the health assessment clinics by 10%.</p> <p>NCDOH</p>
			<p>By 12/31/2016</p> <p>1. Review updated falls hospitalization data.</p> <p>NCDOH Hospitals</p> <p>2. Evaluate the effectiveness of falls resource materials and screening tools provided to physicians and health care agencies by 6/16.</p> <p>NCDOH DeGraff</p> <p>3. Provide 4 Stay Well programs throughout Niagara County.</p> <p>NCDOH</p> <p>4. Evaluate effectiveness of Stay Well programs by participants lowering falls risks in their homes.</p> <p>NCDOH</p> <p>By 12/31/2017</p> <p>1. Initiate falls data collection from all activities and partners.</p> <p>NCDOH</p> <p>2. Evaluate data and identify activities with improved outcomes.</p> <p>NCDOH</p> <p>3. Develop graphs and trend charts reflecting outcomes.</p> <p>NCDOH</p> <p>4. Expand nursing health assessment events by 10%.</p> <p>NCDOH</p> <p>5. Collaborate with hospitals and community partners to hold a community event and press conference to outline the success and challenges of the priority area.</p> <p>NCDOH Hospitals Community Partners</p> <p>6. Review updated hospital specific data regarding falls hospitalizations.</p>



Degraff Hospital
Prevent Chronic Disease

Focus Area	Goal	Objective	Activities/Interventions
Increase access to high quality chronic disease preventative care and management in both clinical and community settings	Increase screening rate for cardiovascular disease, especially among disparate populations	Increase the percentage of women screened for cardiovascular disease at their annual OB/GYN visits from zero to 60 percent	By November 2014 <ol style="list-style-type: none"> 1. Identify lead team with Women's Health Center, UB MD OB/GYN physicians, Kaleida Health Cardiology, PI and IST support. (January 2014) 2. Women's Health Center practitioners from all six locations view HeartCaring module and register as HeartCaring staff. (April 2014) 3. Integrate HeartCaring questions and auto-risk calculator features in EMR. Include feature to track number of patients screened, education and referrals provided. (April 2014) 4. Train Women's Health Center HeartCaring practitioners on new EMR prompts and follow up procedures. (May 2014) 5. Launch new integrated risk assessment program in Women's Health Centers. (June 2014) 6. Provide women identified at risk for cardiovascular disease HeartCaring education and encourage enrollment in Spirit of Women. (June 2014)
			By November 2015 <ol style="list-style-type: none"> 1. Continue risk assessment screening during annual OB/GYN visit. 2. Continue providing women identified at risk for cardiovascular disease HeartCaring education and Spirit of Women membership. 3. Develop and execute a full year of educational programming to support individuals at risk for or living with cardiovascular disease. 4. Analyze data collected at to-be determined intervals. 5. Explore referral and follow through opportunities for at-risk women with primary care or cardiology specialties. 6. Adjust program, if needed, for 2016 based on data.
			By November 2016 <ol style="list-style-type: none"> 1. Continue risk assessment screening during annual OB/GYN visit. 2. Continue providing women identified at risk for cardiovascular disease HeartCaring education and Spirit of Women membership. 3. Develop and execute another full year of educational programming to support individuals at-risk for or living with cardiovascular disease.

Degraff Hospital

Priority Area #2:

Promote a Healthy and Safe Environment: Injuries, Violence and Occupational Health

Focus Area	Goal	Objective	Activities/Interventions
Injury prevention	Reduce falls risks among vulnerable populations	Reduce the rate of fall related hospitalizations for the 65+ population in Niagara County by 10 percent. Niagara County rate is 216.3 per 10,000.	By November 2014 <ol style="list-style-type: none"> 1. Reaffirm the elements of the Niagara County Falls Coalition <i>Stay Well On Your Feet/Falls Prevention</i> Outreach Program. (March 2014) 2. Expand existing collaboration with Niagara County Department of Health and Niagara County Office of Aging to include other Niagara County hospitals. (March 2014) 3. Share best practices, resource materials and demonstrate the <i>Stay Well On Your Feet/Falls Prevention</i> program to new partners. (April 2014) 4. Continue working with the Community Health Foundation of Central and Western New York. 5. Provide <i>Stay Well On Your Feet/Falls Prevention</i> programs to 15 percent of the McLaughlin Center for Senior Wellness members. 6. Support McLaughlin Center for Senior Wellness members with post-training outreach and referrals. 7. Develop a Falls Prevention Outreach program tailored to caregivers. (October 2014) 8. Provide falls prevention educational material at community outreach events. 9. Present four <i>Stay Well On Your Feet/Falls Prevention</i> Outreach programs.
			By November 2015 <ol style="list-style-type: none"> 1. Conduct Train the Trainer programs to new partners from other Niagara County hospitals. 2. Launch newly developed Caregiver Falls Prevention program with DeGraff Adult Day Care Center families. 3. Provide <i>Stay Well On Your Feet/Falls Prevention</i> programs to another 15 percent of the McLaughlin Center for Senior Wellness members. 4. Continue supporting McLaughlin Center for Senior Wellness members with post-training outreach and referrals. 5. Evaluate effectiveness of programming from year one and on an ongoing basis. 6. Provide falls prevention educational material at community outreach events. 7. Present four <i>Stay Well On Your Feet/Falls Prevention</i> Outreach programs.

			<p>By November 2016</p> <ol style="list-style-type: none"> 1. Continue offering Caregiver Falls Prevention program to DeGraff Adult Day Care Center families. 2. Evaluate newly developed Caregiver Falls Prevention program. 3. Determine viability of expanding Caregiver Falls Prevention program to other caregiver groups. 4. Provide <i>Stay Well On Your Feet/Falls Prevention</i> programs to another 15 percent of the McLaughlin Center for Senior Wellness members. 5. Continue supporting McLaughlin Center for Senior Wellness members with post-training outreach and referrals. 6. Evaluate effectiveness of all programming on an ongoing basis. 7. Provide falls prevention educational material at community outreach events. 8. Present four <i>Stay Well On Your Feet/Falls Prevention</i> Outreach programs.
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Eastern Niagara Hospitals
Priority Area #1
Preventing Chronic Disease

Focus Area	Goal	Objective	Activities/Interventions	Partner Responsible
Chronic Disease	Promote culturally relevant chronic disease self-management education.	By December 2017, increase by at least 5% the percentage of adults with diabetes who have taken a course or class to learn how to manage their condition.	1. By 12/31/14	ENH
			2. Research and review hospital specific data related to individuals diagnosed with diabetes participating in a diabetes management program. By 6/14	
			3. Separately evaluate this data and procedures from the ENH Reflections Recovery Center to specifically focus on the disparity of mental hygiene, including substance abuse.	ENH
			By 6/14	ENH
			1. Identify hospital resources and personnel to participate in the project. By 6/14	ENH
			2. Develop a team, consisting of the Manager of the Reflections Recovery Unit, Nursing Education Director, Diabetes Educator, Community Relations Director and others who will meet quarterly to evaluate the progress of increasing participation in the diabetes management program. By 6/14	ENH
			3. Develop process for providing blood glucose screening and diabetes diagnosis as indicated for patients who are admitted to the substance abuse unit, in order to screen for diabetes or pre-diabetic conditions at the	ENH

			<p>start of the patients' 2-4 week programs.</p> <p>4. Develop a diabetes management program specific for the patients of the substance abuse unit to incorporate the diabetes related curriculum into the current substance abuse program.</p> <p>5. Determine the best method and timing for incorporating this educational program into the patient's 2- 4 week program in the Reflections Recovery Center.</p> <p>6. Develop an education program specifically for pre-diabetic patients.</p> <p>7. Discuss additional initiatives for increasing community participation in the ENH monthly diabetes management program and pre-diabetes programs.</p> <p>8. Collaborate with the NCDOH and other community organizations to seek assistance in promoting the Hospital's diabetes management classes.</p> <p>9. Seek opportunities to partner with members of the Hospital's Medical Staff to promote the availability of diabetes management classes at the Hospital.</p> <p>10. Promote the monthly diabetes management classes in the local media.</p> <p>11. Promote the diabetes management classes on the</p>	<p>ENH</p> <p>ENH</p> <p>ENH, NCDOH hospitals & community organizations</p> <p>ENH, NCDOH hospitals & community organizations</p> <p>ENH</p> <p>ENH</p> <p>ENH</p>
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			<p>Hospital's website.</p> <p>12. Develop a minimum of one article related to diabetes management to run in the Hospital's bi-weekly health column in the local newspaper.</p> <p>13. Distribute a schedule of all diabetes management classes at community events throughout the year.</p> <p>14. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.</p>	<p>ENH, community organizations</p> <p>ENH, NCDOH hospitals & community organizations</p>
			<p>By 12/31/2015</p> <p>1. Review hospital data regarding participation in the community diabetes management program.</p> <p>2. Review data related to participation in the diabetes management program by patients from the Reflections Recovery Center – substance abuse unit.</p> <p>3. Continue providing blood glucose testing, and follow-up by physicians as indicated for patients who admit to the substance abuse unit, in order to screen for diabetes or pre-diabetic conditions at the start of the patients' programs.</p> <p>4. Provide diabetes management classes and pre-diabetes classes to the patients as needed, based on screening results/physician diagnosis following admittance to the unit or admittance to the unit with a pre-diagnosis of diabetes.</p>	<p>ENH</p> <p>ENH</p> <p>ENH</p> <p>ENH</p> <p>ENH</p>

			5. Evaluate progress of the plan with the team. Discuss opportunities for improvement.	ENH
			6. Develop new initiatives for increasing the community participation in the ENH monthly diabetes management program and pre-diabetes programs.	ENH, NCDOH, community organizations
			7. Collaborate with the NCDOH and other community organizations to seek assistance in promoting the Hospital's diabetes management classes.	ENH
			8. Evaluate participation by members of the Hospital's Medical Staff in promoting the diabetes management classes at the Hospital. Develop initiatives to increase patient referrals.	ENH
			9. Promote the monthly diabetes management classes in the local media.	ENH
			10. Promote the diabetes management classes on the Hospital's website.	ENH
			11. Develop an article related to diabetes management to run in the Hospital's bi-weekly health column in the local newspaper.	ENH
			12. Distribute the schedule of all diabetes management classes at community events throughout the year.	ENH
			13. Distribute information and schedules for the ENH community diabetes management program in the	ENH, NCDOH, community organizations

			ED, outpatient facilities, lobbies and at the Express Care facility.	ENH
			14. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.	ENH
			By 12/31/2016	
			1. Review hospital data regarding participation in the community diabetes management program.	ENH
			2. Review data related to participation in the diabetes management program by patients from the Reflections Recovery Center – substance abuse unit.	ENH
			3. Evaluate progress of the plan with the team. Discuss opportunities for improvement.	ENH
			4. Continue providing blood glucose testing to patients who are admitted to the substance abuse unit, in order to screen for diabetes or pre-diabetic conditions prior to the start of the patients' 2-4 week program.	ENH
			5. Provide diabetes management classes and pre-diabetes classes to the patients as needed based on screening results/physician diagnosis or admittance to the unit with a pre-diagnosis of diabetes.	ENH, NCDOH hospitals
			6. Develop new initiatives for increasing the community participation in the ENH monthly diabetes management program and pre-diabetes programs.	ENH

			<p>7. Collaborate with the NCDOH and other community organizations to seek assistance in promoting the Hospital's diabetes management classes.</p>	ENH
			<p>8. Evaluate participation by members of the Hospital's Medical Staff in promoting the diabetes management classes at the Hospital. Develop initiatives to increase patient referrals.</p>	ENH
			<p>9. Promote the monthly diabetes management classes in the local media.</p>	ENH
			<p>10. Promote the diabetes management classes on the Hospital's website.</p>	ENH
			<p>11. Develop an article related to diabetes management to run in the Hospital's bi-weekly health column in the local newspaper.</p>	
			<p>12. Distribute the schedule of all diabetes management classes at community events throughout the year.</p>	ENH, NCDOH hospitals
			<p>13. Distribute information and schedules for the ENH community diabetes management program in the ED, outpatient facilities, lobbies and at the Express Care facility.</p>	ENH
			<p>14. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.</p>	ENH
			By 12/31/2017	

			1. Review hospital data regarding participation in the community diabetes management program.	ENH
			2. Review data related to participation in the diabetes management program by patients from the Reflections Recovery Center – substance abuse unit.	ENH
			3. Evaluate progress of the plan with the team. Discuss opportunities for improvement.	ENH, NCDOH
			4. Continue providing blood glucose testing to patients who are admitted to the substance abuse unit to screen for diabetes or pre-diabetic conditions.	hospitals ENH
			5. Provide diabetes management classes and pre-diabetes classes to the patients as needed based on screening results/physician diagnosis or admittance to the unit with a pre-diagnosis of diabetes.	ENH
			6. Collaborate with the NCDOH and other community organizations to seek assistance in promoting the Hospital's diabetes management classes.	ENH
			7. Confirm continued support and participation by members of the Hospital's Medical Staff in promoting the diabetes management classes at the Hospital. Develop ongoing initiatives to increase patient referrals.	ENH ENH, community organizations
			8. Promote the monthly diabetes management classes in the	ENH

			<p>local media.</p> <p>9. Promote the diabetes management classes on the Hospital's website.</p> <p>10. Develop an article related to diabetes management to run in the Hospital's bi-weekly health column in the local newspaper.</p> <p>11. Distribute the schedule of all diabetes management classes at community events throughout the year.</p> <p>12. Distribute information and schedules for the ENH community diabetes management program in the ED, outpatient facilities, lobbies and at the Express Care facility.</p> <p>4. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.</p> <p>5.</p> <p>6. Collaborate with hospitals and community partners to hold a community event and press conference to outline the success and challenges of the priority area.</p>	<p>ENH, NCDOH hospitals</p> <p>ENH, NCDOH hospitals, community partners</p>
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Eastern Niagara Hospitals
Priority Area #2
Promote a Safe and Healthy Environment

	Goal	Objective	Activities/Interventions	Partner Responsible
Injury Prevention	Reduce falls risks among vulnerable populations	By December 2017, reduce the rate of hospitalizations due to falls among Niagara County residents ages 65 and over by 10%.	By 12/31/14 <ol style="list-style-type: none"> 1. Research and review hospital specific data related to falls hospitalizations by 6/14. 2. Research and review hospital specific data related to falls ED visits by 6/14. 3. Identify hospital resources and personnel to address initiatives for reducing falls. 4. Develop a falls prevention team, including members of the Physical Therapy, Emergency Department, Nursing Education and Community Relations Departments. 5. Identify other community resources for reducing falls risks by 6/14. 6. Review other falls education programs already in place in WNY. 7. Develop educational resources for falls prevention. 8. Identify other community organizations 	ENH ENH ENH ENH ENH, NCDOH hospitals & community organizations ENH ENH ENH, NCDOH hospitals &

			that may be potential participants	community organizations
			9. Collaborate with NCDOH and Niagara County hospitals to apply for the Match Grant.	ENH, NCDOH hospitals & community organizations
			10. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.	ENH, NCDOH hospitals & community organizations
			By 12/31/2015	
			1. Review hospital specific data related to falls hospitalizations from prior year.	ENH
			2. Research and review hospital specific data related to falls ED visits from prior year.	ENH
			3. Distribute falls prevention educational material to ENH Medical Staff offices, all ENH off site clinics and outpatient diagnostic services locations.	ENH
			4. Distribute falls assessment and prevention materials to patients age 65 years of age or older and others at risk at the ENH Express Care facility.	ENH
			5. Collaborate with NCDOH to conduct Falls Prevention Train the Trainer Programs with ENH outreach personnel.	ENH, NCDOH
			6. Promote falls prevention	ENH

			on the ENHS website.	
			7. Schedule a minimum of one Healthlines column in the Lockport Union Sun & Journal newspaper for the topic of falls prevention.	ENH
			8. Provide falls prevention educational material and/or brochures at community outreach events throughout the year.	ENH
			9. Provide falls prevention educational material to patients presenting in the ED with injuries sustained in falls.	ENH
			10. Distribute falls assessment and prevention materials to patients age 65 years of age or older and others at risk at the ENH Express Care facility.	ENH
			11. Collaborate with community service organizations and the NCDOH to provide a minimum of two community education programs in the ENH service area.	ENH, NCDOH, community organizations
			12. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.	ENH, NCDOH hospitals
			By 12/31/2016	
			1. Collect both hospitalization, ED visit and Express Care	ENH

			data related to falls.	
			2. Reevaluate the falls prevention program. Look for opportunities to improve or revise the plan to enhance success.	ENH
			3. Collaborate with NCDOH to provide 2 additional falls prevention classes for the eastern Niagara County community.	ENH, NCDOH
			4. Continue promoting falls prevention on the ENH website.	ENH
			5. Produce a Healthlines column in the Lockport Union Sun & Journal newspaper with the topic of falls prevention.	ENH
			6. Connect with the ENH Medical Staff to assess participation in the program. Look for opportunities to enhance participation.	ENH
			7. Continue providing fall prevention educational material to patients age 65 years and older and those presenting in the ED and Express Care with injuries sustained in a fall.	ENH
			8. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to	ENH, NCDOH hospitals

			<p>assess progress and report data.</p> <p>9. Provide falls prevention educational material at community outreach events.</p> <p>By 12/31/2017</p> <p>1. Analyze data on hospitalization and ED/Express Care visits related to falls from prior two years.</p> <p>2. Continue to collect data from ED and Express Care related to falls.</p> <p>3. Assess program and revise or implement new strategies to ensure ongoing success as needed.</p> <p>4. Continue promoting falls prevention on the ENH website.</p> <p>5. Continue providing fall prevention educational material to patients age 65 years and older and those presenting to the ED and Express Care with injuries sustained in a fall.</p> <p>6. Continue providing falls prevention educational material to physician offices and outreach organizations in the community.</p> <p>7. Meet with NCDOH and Niagara County</p>	<p>ENH, community organizations</p> <p>ENH</p> <p>ENH</p> <p>ENH</p> <p>ENH</p> <p>ENH</p> <p>ENH,</p>
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			<p>Hospitals on a quarterly basis to assess progress and report data.</p> <p>8. Provide falls prevention educational material and/or brochures at community outreach events.</p> <p>9. Collaborate with hospitals and community partners to hold a community event and press conference to outline the success and challenges of the priority area.</p>	<p>NCDOH hospitals</p> <p>ENH, community organizations</p> <p>ENH, NCDOH hospitals, community partners</p>
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Mount Saint Mary's Hospital
Priority Areas
Preventing Chronic Disease & Injury Prevention

Mount St. Mary's - Community Service Priorities 2014-2017

Focus Area	Goal	Objective	Activities	Measurement
Injury Prevention	Reduce Risk of Falls among vulnerable populations	By Dec 2017 Reduce the Rate of Fall-Related ED visits in the 65+ age population by 10%. Current MSMH Rate is 8.98%	By July 2014 1) Research and Review hospital specific data related to ED Fall Visits 2) Evaluate current MSMH Fall Assessment Program.	Review ED Admissions due to falls via HIM Coding compared to overall total ED Admissions.
			3) Identify community hospital resources for reducing falls	
			By Jan 2015 1) Evaluate whether tool is suitable for all Article 28 clinics of MSMH	Review ED Admissions due to falls via HIM Coding compared to overall total ED Admissions
			2) Review, Track, and Re-Assess tools	
			3) Revise as necessary and continue	
			4) Complete a Falls assessment on 100% of Article 28 Clinic patients age 65+	
			By July 2015 1) Implement course corrections and continue to monitor and revise.	Review ED Admissions due to falls via HIM Coding compared to overall total ED Admissions
			By Jan 2016 1) Research and review hospital specific data	Review ED Admissions due to falls via HIM Coding compared to overall total ED Admissions

By July 2016

1) Implement course corrections and continue to monitor and revise.

Review ED Admissions due to falls via HIM Coding compared to overall total ED Admissions

By Jan 2017

1) Research and review hospital specific data

Review ED Admissions due to falls via HIM Coding compared to overall total ED Admissions

By Dec 2017

1) Reduce the Rate of Fall-Related ED visits in the 65+ age population by 10%.

1) Review ED Admissions due to falls via HIM Coding compared to overall total ED Admissions

Increase Access to High Quality Chronic Disease Preventative Care and Management in both Clinical and Community Settings

Promote Use of Evidence-Based Care to Manage Chronic Diseases

Since treating mental health improves chronic disease outcomes, access to appropriate mental health services and receiving treatment allows

individuals to address their chronic health conditions in a better way.

By Dec 2017, increase the percentage of adult patients with chronic disease who receive mental health screening from the current level of approximately 10% up to 50%.

By Jan 2014

1) Review policies, training and tools to support screening activity

2) Document baseline of PHQ2 Assessment Completion

By July 2014

1) Review clinical-community linkages that connect patients to follow-up services

2) Evaluate baseline data (completion of PHQ2 screen)

3) Track and Monitor and do course correction to build %

By July 2015

1) Review clinical-community linkages that connect patients to follow-up services

2) Track and Monitor and do
course correction to build %

By July 2016

1) Track and Monitor and do
course correction to build %

By July 2017

1) Track and Monitor and do
course correction to build %

By Dec 2017

1) Achieve or exceed level of
50% of adult patients with
chronic disease who receive
screening for mental health

Niagara Falls Memorial Medical Center

Priority #1:

Prevent Chronic Disease

Focus Area	Goal	Objective	Activities/Interventions	Partner Responsible
Increase access to high-quality chronic disease preventive care and management in clinical and community settings.	Promote use of evidence based care to manage chronic diseases.	By December 31, 2017, increase the percentage of adult health home members diagnosed with both schizophrenia and diabetes whose blood glucose is in good control (hemoglobin A1C less than 8%) by 20%.	By 12/31/14 1. Collaborate with Health Home Director to establish baseline hemoglobin A1C data on Health Home patients diagnosed with schizophrenia.	NFMMC
			2. Collaborate with Niagara County Office of Mental Health to identify prevalence of schizophrenia in Niagara County by zip code.	NFMMC NCOMH
			3. Identify evidence based educational material on diabetes risk in schizophrenic patient population.	NFMMC
			4. Build data base to capture number of Health Home schizophrenic patients with diabetes, in addition to A1C levels.	NFMMC
			5. Establish referral network between Health Home and Niagara Connections Project.	NFMMC
			6. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.	NCDOH, Hospitals
			By 12/31/2015 1. Continue collecting A1C data on diabetic schizophrenic patients. 2. Distribute evidence based diabetes education material to diabetic schizophrenic Health Home patients. 3. Distribute evidence based educational	NFMMC NFMMC NFMMC

			<p>material on prevalence of diabetes in schizophrenic patients to NFMMC based primary care and off site locations.</p> <p>4. Distribute evidence based educational material on prevalence of diabetes in schizophrenic patients to Health Home partners.</p> <p>5. Provide diabetes and schizophrenia educational material and/or brochures at 4 community outreach events.</p> <p>6. Hold 3 educational seminars with NFMMC primary care physicians, hospitalists, psychiatrists, residents and medical students.</p> <p>7. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.</p> <p>By 12/31/2016</p> <p>1. Continue collecting A1C data on diabetic schizophrenic patients.</p> <p>2. Continue distributing evidence based diabetes education material to diabetic schizophrenic Health Home patients.</p> <p>3. Continue distributing evidence based educational material on prevalence of diabetes in schizophrenic patients to NFMMC based primary care and off site locations.</p>	<p>NFMMC</p> <p>NFMMC</p> <p>NFMMC</p> <p>NCDOH, Hospitals</p> <p>NFMMC</p> <p>NFMMC</p> <p>NFMMC</p>
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			<p>4. Continue distributing evidence based educational material on prevalence of diabetes in schizophrenic patients to Health Home partners.</p>	NFMMC
			<p>5. Provide diabetes and schizophrenia educational material and/or brochures at 4 community outreach events.</p>	NFMMC
			<p>6. Hold 3 educational seminars with NFMMC primary care physicians, hospitalists, psychiatrists, residents and medical students.</p>	NFMMC
			<p>7. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.</p>	NCDOH Hospitals
			By 12/31/2017	
			<p>1. Continue collecting A1C data on diabetic schizophrenic patients.</p>	NFMMC
			<p>2. Continue distributing evidence based diabetes education material to diabetic schizophrenic Health Home patients.</p>	NFMMC
			<p>3. Continue distributing evidence based educational material on prevalence of diabetes in schizophrenic patients to NFMMC based primary care and off site locations.</p>	NFMMC
			<p>4. Continue distributing evidence based educational material on prevalence of diabetes in schizophrenic patients to Health</p>	NFMMC

			Home partners.	
			5. Provide diabetes and schizophrenia educational material and/or brochures at 4 community outreach events.	NFMMC
			6. Hold 3 educational seminars with NFMMC primary care physicians, hospitalists, psychiatrists, residents and medical students.	NFMMC
			7. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.	NCDOH Hospitals
			8. Collaborate with hospitals and community partners to hold a community event and press conference to outline the success and challenges of the priority area.	NCDOH Hospitals

Niagara Falls Memorial Medical Center
Priority #2:
Promote a Safe and Healthy Environment

Focus Area	Goal	Objective	Activities/Interventions	Partner Responsible
Injury Prevention	Reduce falls risks among vulnerable populations	By December 2017 reduce the rate of fall-related hospitalizations in the population aged 65+ by 10 percent to achieve a countywide rate of 184.1 per 10,000 residents.	By 12/31/14	NFMMC
			1. Research and review hospital specific data related to falls hospitalizations by 6/14.	
			2. Research and review hospital specific data related to falls ER1 visits by 6/14.	NFMMC
			3. Categorize falls data by address to identify patterns at senior housing complexes, etc.	NFMMC
			4. Identify community/hospital resources for reducing falls risks by 6/14.	NCDOH Hospitals Community Partners
			5. Identify NFMMC and Schoelkopf nursing home fall reduction programs already in place.	NFMMC, Schoelkopf Nursing Home
			6. Develop a resource listing of falls resources.	NFMMC, NCDOH Niagara County Office for the Aging
			7. Collaborate with NCDOH and Niagara County hospitals to apply for the Match Grant.	NCDOH Hospitals Community Partners
			8. Collaborate with NCDOH to receive falls prevention educational material and brochures.	NFMMC NCDOH
			9. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.	NCDOH Hospitals

			<p>By 12/31/2015</p> <ol style="list-style-type: none"> 1. Distributes falls prevention educational material and brochures to NFMMC Primary Care sites and off site locations. 2. Collaborate with NCDOH to conduct Falls Prevention Train the Trainer Programs with NFMMC Outreach personnel. 3. Promote falls prevention on NFMMC website and Facebook page. 4. Collaborate with ER1 staff to complete fall risk assessments to patients presenting with injuries sustained in a fall. 5. Provide fall prevention educational material to patients presenting to ER1 with injuries sustained in a fall. 6. Collaborate with Schoelkopf Nursing Home staff to complete fall risk assessments to residents identified as prone to falling. 7. Provide fall prevention educational material to Schoelkopf Nursing Home residents identified as prone to falling. 8. Include Schoelkopf Nursing Home resident's families in fall prevention education. 9. Continue collecting both hospitalization and ER visit data 	<p>NFMMC</p> <p>NCDOH NFMMC</p> <p>NFMMC</p> <p>NFMMC</p> <p>NFMMC</p> <p>NFMMC, Schoelkopf Nursing Home</p> <p>NFMMC, Schoelkopf Nursing Home</p> <p>NFMMC, Schoelkopf Nursing Home</p> <p>NFMMC</p>
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			<p>related to falls.</p> <p>10. Collaborate with NCDOH to provide 2 Stay Well Programs throughout Niagara County.</p> <p>11. Establish referral process to refer fall patient to NCDOH program for continued fall assessments.</p> <p>12. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.</p> <p>13. Provide falls prevention educational material and/or brochures at 4 community outreach events.</p> <p>14. Meet with local fire and EMS personnel to discuss possibility of providing falls prevention education and training.</p> <p>By 12/31/2016</p> <p>1. Continue collecting both hospitalization and ER visit data related to falls.</p> <p>2. Collaborate with NCDOH to provide 2 Stay Well Programs throughout Niagara County.</p> <p>3. Continue promoting falls prevention on NFMMC website and Facebook page.</p> <p>4. Continue providing fall prevention educational material to patients presenting to ER1 with injuries sustained in a fall.</p>	<p>NCDOH NFMMC</p> <p>NCDOH NFMMC</p> <p>NCDOH Hospitals</p> <p>NFMMC</p> <p>NFMMC NFFD, Rural Metro Medical Services</p> <p>NFMMC</p> <p>NFMMC NCDOH</p> <p>NFMMC</p> <p>NFMMC</p>
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			5. Continue referring falls patients to NCDOH Falls program.	NFMMC
			6. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.	NCDOH Hospitals
			7. Provide falls prevention educational material and/or brochures at 4 community outreach events.	NFMMC
			By 12/31/2017	
			1. Continue collecting both hospitalization and ER visit data related to falls.	NFMMC
			2. Collaborate with NCDOH to provide 2 Stay Well Programs throughout Niagara County.	NFMMC
			3. Continue promoting falls prevention on NFMMC website and Facebook page.	NFMMC, NCDOH
			4. Continue providing fall prevention educational material to patients presenting to ER1 with injuries sustained in a fall.	NFMMC
			5. Continue referring falls patients to NCDOH Falls program.	NFMMC
			6. Meet with NCDOH and Niagara County Hospitals on a quarterly basis to assess progress and report data.	NFMMC
			7. Provide falls prevention educational material and/or brochures at 4 community outreach events.	NCDOH Hospitals
			8. Collaborate with hospitals and community partners to hold a community event and press conference to outline the success and challenges of the priority area.	NFMMC NCDOH Hospitals

Resources and Data

- 1) U.S. Census Bureau
 - General: <http://census.gov>
 - Quick facts: <http://quickfacts.census.gov/gfd/states>
 - American Fact Finder: <http://factfinder2.census.gov>
 - American Community Survey: <http://www.census.gov/acs>
- 2) New York State Department of Health
 - General: www.health.ny.gov
 - Prevention Agenda: www.health.ny.gov/prevention
 - Community Health Indicators www.health.ny.gov/statistics/chac/indicator
 - Minority and Disparity Information: www.health.ny.gov/statistics/community/minority
 - Vital Statistics: www.health.ny.gov/statistics/vital-statistics/2011/table
 - Leading Causes of Death: www.health.ny.gov/statistics/leading
 - Behavioral Risk Factor Surveillance System: www.health.ny.gov/statistics/brfss/expanded
 - PRAMS (Pregnancy Risk Assessment Monitoring): www.health.ny.gov/statistics/prams
 - Prevention Quality Indicators: www.health.ny.gov/statistics/preventionquality_indicators
 - Cancer Registry: www.health.ny.gov/cancer/registry
- 3) Cornell Cooperative Extension
 - Home Page: www.cce.cornell.edu
 - Niagara County Office: www.cce-niagaracounty.org
 - Applied Demographics: <http://pad.human.cornell.edu>
- 4) Bureau of Labor Statistics: <http://www.bls.ny.gov/stats/>
- 5) New York Department of Labor: <http://labor.ny.gov>
- 6) University of Wisconsin Mobilizing Action Toward Community Health: www.countyhealthrankings.org
- 7) Glenmary Research Center: Nashville TN. Congregations in the United States, Dale E Jones
- 8) Center For Disease Control and Prevention (CDC): www.cdc.gov
- 9) Dartmouth College for Health Policy and Clinical Practice
- 10) Niagara Falls Police Crime/Intelligence and Field Investigation Unit
- 11) New York State Office of Mental Health: www.omh.ny.gov
- 12) New York Makes Work Pay: www.nymakesworkpay.org/status-reports
- 13) US Department of Health and Human Services: www.hhs.gov
- 14) Crime rates: www.neighborhoodscout.com
- 15) Wikipedia